



Payroll/Pension Deductions

PLEASE FILL IN THIS FORM COMPLETELY; SIGN AND DATE WHERE INDICATED AND RETURN TO THE CREDIT UNION.
Payroll/Pension Deductions are made regularly every pay-day and in even dollar amounts.

NAME: _____ <small>(Exactly as it appears on your pay check)</small>	SOCIAL SECURITY NO.: _____
ADDRESS: _____ _____	ACCOUNT/EMPLOYEE NO.: _____
CITY EMPLOYMENT: _____ <small>(include bureau, division, branch, etc.)</small>	PENSION NO.: _____
ADDRESS: _____ _____	PHONE NOS.: Work: _____ Home: _____

I am requesting that deductions be made from my (check one): Payroll Pension
Please complete one of the following boxes:

- I do not have a deduction being sent to Credit Union of Atlanta at the present time. I now wish to have \$ _____ deducted each pay-period and allocated to the accounts indicated below.
- I presently have a deduction going to Credit Union of Atlanta in the amount of \$ _____.
 - a. Please (circle) increase / decrease my deduction to \$ _____ and allocate as indicated below.
(show TOTAL deduction)
 - b. I do not wish to change my deduction amount, only the way it is being allocated. (Show changes below.)
- I wish to have my Federal Recurring Payment, _____, sent to Credit Union of Atlanta and be allocated as indicated below.
(kind of payment)
- Please cancel my deduction in the amount of \$ _____, I now have no outstanding loan obligations.

ALLOCATION

Regular Share Account (savings) No. _____	\$ _____	(for credit union use only)
Loan Number _____	\$ _____	
Loan Number _____	\$ _____	
Loan Number _____	\$ _____	
Loan Number _____	\$ _____	
Secondary Savings Account No. _____	\$ _____	
Christmas Club Account No. _____	\$ _____	
Other Accounts (family, etc.) _____	\$ _____	
Account Number _____	\$ _____	
Account Number _____	\$ _____	
Account Number _____	\$ _____	
Account Number _____	\$ _____	
IRA Account Number _____	\$ _____	
Spousal IRA Number _____	\$ _____	

(for credit union use only)
 Payroll Group No. _____

TOTALS: \$ _____

\$ _____

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize the Director of Payroll of my Employment to deduct \$ _____ per pay period from my salary and pay same to the Credit Union of Atlanta. I authorize this deduction to be increased to cover scheduled payments and insurance premiums added to such loan(s) for the term of the insurance coverage, should I fail to purchase required insurance for any outstanding loan. I am responsible for all loan payments until my payroll deduction begins.

Signature: _____ Date _____