

Teachers Federal Credit Union
PAYROLL DEDUCTION AUTHORIZATION

ABA: 221475786
CHANGE

Name _____ Acct. No. _____

Joint Name _____

Social Security _____ Employed By Longwood SD

I hereby authorize Payroll Dept. Supervisor to change my deduction from \$ _____ to \$ _____ for each pay period and to transfer this amount to Teachers Federal Credit Union beginning...

Date _____

Deduction shall continue until:

- I leave my employment
- I change authorization by written notice to my employer, or
- Cancellation of authorization by written notice to my employer

\$

Amount Deducted Per Paycheck

Member Signature _____

Joint Signature _____

SUBMIT TO BUSINESS OFFICE

PAYROLL DEDUCTION DISTRIBUTION AUTHORIZATION

Name _____ Acct. No. _____

Joint Name _____

Date _____ Payroll Deduction Amount: \$ _____

I hereby authorize Teachers Federal Credit Union to distribute the above payroll deduction amount to the following account beginning...

Date _____

My Personal Accounts

Share \$ _____
 Vacation \$ _____
 Holiday \$ _____
 _____ \$ _____

Share Draft \$ _____
 IRA _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Other Accounts

Name _____	Acct. No. _____
Acct. Type _____	Amt. \$ _____
Acct. Type _____	Amt. \$ _____
Name _____	Acct. No. _____
Acct. Type _____	Amt. \$ _____
Acct. Type _____	Amt. \$ _____

Continue distribution authorization until written notice to Teachers to change or cancel

Member Signature _____

Joint Signature _____

Employed by Longwood SD

Employee _____ Branch _____

SUBMIT TO: Teachers Federal Credit Union