



STATE PAYROLL DEDUCTION AUTHORIZATION FORM

SECTION A: AGENCY USE ONLY

Credit Union Payee #: 17412498408000

Agency Name: Agency #: Agency #:
Unit #: First Active Duty Date:

SECTION B: EMPLOYEE INFORMATION

Social Security #:
Employee Name (Last, First, Middle):
Address:
Home Phone #: Work Phone #:
Agency/University: Facility/Location:

SECTION C: AUTHORIZATION FOR SET UP, CHANGES OR CANCELLATION

Credit Union Monthly Deduction: Start Deduction Stop Deduction Change Amount of Deduction
(Check One Box)

Effective Date: Deduction Amount: Amount of Fee:

Account #: (Check One Box) Savings Checking

I authorize the monthly deduction from my salary or wages for a credit union payment and associated fee as indicated above. I understand that this deduction is for deposit to a share or deposit account and does not authorize a loan payment. I understand that I may revoke this authorization at any time by written notice. I recognize that if I fail to provide complete and accurate information on this form or to the credit union designated by this form, that my payments may be erroneously transferred electronically. I understand that the credit union may withdraw funds from the designated account if they were deposited in error, subject to federal and state law. I agree to comply with the rules adopted by the Comptroller concerning deductions for credit union payments.

Signature: Date:

SECTION D: CREDIT UNION USE

The employee designated by this form has a share or deposit account at the above named credit union. The credit union assumes responsibility for depositing the amount received by the Comptroller of Public Accounts or state agency named above to the account designated by the employee at the above named credit union.