

PAYROLL CHANGE FORM

PRINT NAME IN FULL _____

EMPLOYEE ID # _____

SOCIAL SECURITY # _____

ACCOUNT NUMBER _____

DIVISION _____

DEPARTMENT _____

COST CENTER _____

ADDRESS _____

I HEREBY AUTHORIZE YOU, UNTIL FURTHER NOTICE FROM ME, TO CHANGE THE AMOUNT OF MY REGULAR DEDUCTION FROM MY PAY EACH PAY PERIOD FOR THE CREDIT UNION

FROM \$ _____

TO \$ _____

DATE: _____

SIGNATURE: _____

NOTE: IN ORDER TO PROCESS, THIS FORM MUST BE RECEIVED SEVEN (7) BUSINESS DAYS PRIOR TO PAYDAY. NO EXCEPTIONS