

AGENCY _____

PREPARED BY _____

PAYROLL _____

DATE _____

INPUT _____

CITY / PARISH PAYROLL

CREDIT UNION

SOCIAL SECURITY NUMBER _____

DEPT/DIV# _____

NAME _____

DEDUCTION ID C001

FREQ / BASIS 01 / P

DEDUCTION AMOUNT _____ (Amount to be deducted every payday)

START DATE _____

END DATE _____

I hereby authorize the above stated deduction(s) to be deducted from my paycheck each pay period and deposited into the Baton Rouge City Parish Employees' Federal Credit Union for savings and/or loan purposes. In the event it is necessary for me to be paid on a supplemental payroll check, the payroll deduction indicated above will not be posted to the Credit Union until the following pay period. It will be my responsibility to notify the Credit Union in order to avoid delinquent fees, NSF charges, etc.

Signature

Date

PAYROLL DEDUCTION ALLOCATION

Members Name: _____ Account#: _____

Type of Account	Account#/Suffix	Amount	Type of Account	Account#/Suffix	Amount
Savings		\$	Loan		\$
Escrow		\$	Loan		\$
Christmas Club		\$	Loan		\$
Checking		\$	Loan		\$
IRA		\$	Loan		\$
Other Savings or Checking		\$	Loan		\$
Other Savings or Checking		\$			\$
Other Savings or Checking		\$			\$
Grand Total	(Must Equal "Deduction Amount" on Front)				\$

By signing this Payroll Deduction Allocation Form I understand that it is my responsibility to verify that all my deductions are posted properly. If any loan payments do not come out I understand that I am responsible for making the missing payment myself.

Members Signature: _____ Date: _____

Received By: _____ Date: _____ Processed By: _____ Date: _____

Please fax to 225-389-5323