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Coastal Community and Teachers Credit Union

**PAYROLL DEDUCTION AUTHORIZATION**

_____			_____
Name:	Last,	First,	Middle
			Employee ID #
_____			\$ _____
Payroll Date (Deduction beginning date)			Amount

This is your authority to deduct ( \_\_\_\_\_ Dollars) per month and/or pay period from my salary to be deposited with my account in the Credit Union. This authorization is to remain in effect until I have given written notice of cancellation or change of this authority to the Payroll Department and the Credit Union, or until my employment terminates. If I should leave my present employer, I understand that my last check for any pays due me will be sent to the Credit Union for arrangements to be made on any outstanding loans or to be applied to the balance due.

_____	_____
Date	ESC-2 Employee Signature

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**For Business Office Use Only:**

Date Received: \_\_\_\_\_

Date Posted to System: \_\_\_\_\_