

PART ONE OF THIS DOCUMENT MUST BE SENT TO YOUR PAYROLL DEPARTMENT

CREDIT UNION

PAYROLL DEDUCTION NOTICE

MEMBER OR PAYROLL NUMBER

PRINT NAME		SOCIAL SECURITY #		TELEPHONE	
STREET		CITY		STATE	ZIP

CREDIT UNION COPY

START
 STOP DEDUCTION
 CHANGE DEDUCTION

MY EMPLOYER IS:

DOLLARS	CENTS

THE ABOVE NAMED EMPLOYER IS HEREBY AUTHORIZED TO DEDUCT THE TOTAL AMOUNT INDICATED FROM MY WAGES EVERY PAY PERIOD AND SEND IT TO:

SEACOAST CREDIT UNION

ROUTING-AND-TRANSIT NUMBER 211489229

Members are responsible to verify their Direct Deposit and Distributions.

CU USE ONLY

DATE	EMPLOYEE'S SIGNATURE	PROCESSED BY _____
		EFFECTIVE DATE _____

This deduction is to be credited as follows:

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

SHARE SAVINGS	CLUB _____	CLUB _____	LOAN # _____	LOAN # _____
\$	\$	\$	\$	\$
CHECKING	OTHER _____	OTHER _____	LOAN # _____	LOAN # _____
\$	\$	\$	\$	\$