

# Payroll Deduction Request Form

*I hereby authorize the State Farm Federal Credit Union to request a deduction from my salary or compensation to apply and/or deposit to the account(s) shown below.*

**Initiating Member - Whose payroll will deductions come from?**

Employee <input type="checkbox"/>	Agent <input type="checkbox"/>	Current Date:
Member Name:		Member Number:

*Indicate total amount of deduction desired. To stop a deduction, enter zero. All requested changes will be effective with the next available pay period unless indicated otherwise.*

**Amount and Account**

**\*Recipient Member - Whose account will receive deduction? (Only required if different than above)**

Account Type (S1, S2, etc.) \$ <input type="checkbox"/> 1 <sup>st</sup> Pay \$ <input type="checkbox"/> 2 <sup>nd</sup> Pay \$ <input type="checkbox"/> 3 <sup>rd</sup> Pay (employees only)	*Member Name:  *Member Number:
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Account Type (S1, S2, etc.) \$ <input type="checkbox"/> 1 <sup>st</sup> Pay \$ <input type="checkbox"/> 2 <sup>nd</sup> Pay \$ <input type="checkbox"/> 3 <sup>rd</sup> Pay (employees only)	*Member Name:  *Member Number:
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature required by Initiating Member ONLY if transaction is to another member's account)

<b>CREDIT UNION STAFF USE ONLY</b>		
Date Change Entered _____	By _____	Change Effective Date _____