

(Credit Union Use Only)

Received by Teller # _____

Processed by Teller # _____

PAYROLL DEDUCTION FORM

Please return completed form to credit union address listed above.

MEMBER INFORMATION

| | | | |
|-----------------|-----------------------------------|--------------------------|--|
| Member Name: | | Membership #: | |
| Address: | | | |
| Phone #: | | Last Four Digits of SS#: | |
| Current Agency: | Retired? <input type="checkbox"/> | State Employee ID #: | |

NEW DEDUCTION AUTHORIZATION

I hereby authorize the State Comptroller to deduct \$ _____ from each paycheck and remit said amount to my Connecticut State Employees Credit Union account as designated below.

CHANGE OF DEDUCTIONS

I hereby authorize the State Comptroller to change the amount of my deductions from each paycheck to my Connecticut State Employees Credit Union account from

\$ _____ as previously authorized by me; to

\$ _____.

ALLOCATION

| Account Type | Amount |
|---------------------|--------|
| Savings (1) | |
| Share Draft (2) | |
| Special Purpose (7) | |
| Vacation Club (8) | |
| Christmas Club (9) | |
| IRA | |
| Loan # | |
| | |
| | |
| | |
| | |
| | |
| Total | |

By signing below, I attest that the information provided on this form is true and correct. I understand that this deduction may be terminated by me on written notice thirty (30) days in advance.

X

| | |
|--|--|
| | |
|--|--|

Member Signature

Date

For Agency Payroll Office Use _____