



PAYROLL DEDUCTION FORM-NEW

MEMBERSHIP # _____

MEMBER NAME (Print) _____

ADDRESS _____

SIGNATURE OF MEMBER _____

EFFECTIVE DATE _____

I have this day authorized the Payroll Supervisor of the

_____ **to deduct from my pay each payroll**

until further notice \$ _____ to be applied as follows:

Savings \$ _____ Loan \$ _____ Other \$ _____