

PAYROLL DEDUCTION CHANGE FORM

Name

Send this form to your Credit Union

DO NOT WRITE

Name

ABOVE THIS LINE

Send this form to your Credit Union

Account #

Date Processed

CONNECTICUT DEPARTMENT OF LABOR FEDERAL CREDIT UNION

CONNECTICUT DEPARTMENT OF LABOR FEDERAL CREDIT UNION

Change of Deductions

Change of Deductions

I have this day authorized the Payroll Supervisor of the _____
 _____ to change
 the amount of my regular deductions from pay, from \$ _____
 as previously authorized by me, to \$ _____ to be applied as follows:
 Shares \$ _____ Checking \$ _____ C.C. \$ _____ V.C. \$ _____ Loans \$ _____

Payroll Supervisor of the _____
 I hereby authorize you, until further notice from me, to change the amount of my
 regular deductions from pay for the Credit Union from \$ _____ as previously
 authorized by me, to \$ _____

Date _____ Department _____

Date _____ Department _____

Signature of Member _____

Signature of Employee _____

Name in Full _____

Name in Full _____

(Print)

(Print)

Residence Address _____

Residence Address _____

(Street)

(Street)

(Town)

(Town)

Effective _____

Effective _____

DO NOT SEPARATE