

NAME: Please Print (LAST)		(FIRST)	(INITIAL)	ACCOUNT NUMBER	BRANCH
PAYROLL OR EMPLOYMENT NO.	SOCIAL SECURITY NO.	LOCATION OR STORE	EMPLOYER CODE	EMPLOYEE INITIALS	

**PLEASE RETURN *BOTH* COPIES TO THE CREDIT UNION
CHESSIE FEDERAL CREDIT UNION**

I authorize the paymaster of _____
to deduct the following amount from my pay and forward to the above
named credit union. I understand that Chessie Federal Credit Union
cannot guarantee the time of receipt and posting of payroll
deductions to my account. I further understand that checks written
prior to the posting of payroll deduction cannot be honored if
sufficient funds are not available.

Start Change Stop

TODAY'S DATE

EFFECTIVE DATE

TOTAL DEDUCTIONS
PER PAY

**Start The
Following
Deduction**

**Stop The
Following
Deduction**

X _____
SIGNATURE OF EMPLOYEE