

Mower County Employees Credit Union
Payroll Deduction Authorization Form

PAYROLL DEPARTMENT USE

Member Name: _____

Membership #: _____

I authorize the Mower County Payroll Department to change the amount of my regular deductions to the following as outlined below. I further authorize this request to occur on any normally scheduled pay period within a month (including 3rd payroll periods).

EFFECTIVE DATE: _____

FROM: \$ _____ **TO:** \$ _____

Signature: _____ Date: _____

If an account is no longer active the funds will automatically be credited to your share-savings (RG) account.

INTERNAL USE ONLY
Revoked or Replacement Date:

RETURN THE WHOLE FORM TO THE MOWER COUNTY EMPLOYEES CREDIT UNION.
Please return the form at least 3 business days prior to the effective date of your request.

REVISED 7/13/17

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Credit Union INTERNAL USE

The amounts will be transmitted to the credit union and credited in accordance with the standard procedure of the credit union as follows:

****Please make sure you label SHARE SAVINGS with suffix –RG**

EFFECTIVE DATE: _____

FROM: \$ _____ **TO:** \$ _____

Account Number

Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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