

PAYROLL DEDUCTION AUTHORIZATION



I hereby authorize Northside Hospital to make the following deduction from my paycheck each pay period, until further notice, for payment or deposit to the Northside Federal Credit Union:

Member Information			
Last Name	First Name	Middle Initial	Employee ID#

Savings	
Account Number	Amount
Total Amount:	

Loans	
Account Number	Amount
Total Amount:	

Grand Total:	
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Member's Signature	Printed Name	Date
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Please Choose:	START	CHANGE	STOP
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Credit Union Representative's Signature	Printed Name	Date
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