

PAYROLL DEDUCTION AUTHORIZATION



Form Instructions:

- 1-Complete all applicable fields
- 2-Print completed form
- 3-Sign and date the Signature sections
- 4. Email to: creditunion@northsidefcu.com
- 5. Or Fax to: 404-845-5033

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

Member Information			
Last Name	First Name	Member Number	Employee ID#

Savings	
Account Number	Amount \$
Account Number	Amount \$
Account Number	Amount \$
Account Number	Amount \$
Total Amount:	

Loans	
Account Number	Amount
Account Number	Amount
Account Number	Amount
Account Number	Amount
Total Amount: \$	

Grand Total:	\$
--------------	----

Member's Signature	Printed Name	Date
--------------------	--------------	------

Please Circle: **START** **CHANGE** **STOP**

Credit Union Representative's Signature	Printed Name	Date
---	--------------	------