PAYROLL DEDUCTION AUTHORIZATION



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. It may take up to two payroll cycles.

	Member Ir	normation		
Last Name	First Name		Member Number	Employee ID#
Please Circle:	START	CHANGE	STOP	
Please Circle Payroll Group:	ADP/MGR	MAIN	MAIN LAUREATE	
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Savings				
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Loans				
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Account Number		Amount		
Account Number		Amount		
Total Amount:		\$		
Total Amount.		Ÿ		
Grand Total:		\$		
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Member's Signature	Printed Name		Date	
Wellber & Signature	Printed Name		Date	
Credit Union Representative's Signature	Printed Name		Date	
Scanned into Member Account	Employee Name		Date	
Payroll Updated on System	Employee Name		Date	
Payroll Updated on Spreadsheet for Payroll	Employee Name		Date	
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Please send completed form to creditunion@northsidefcu.com or Fax to 404.845-5033

