

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 Information | | | |
|--------------------|------------|---------------|--------------|
| Last Name | First Name | Member Number | Employee ID# |

| | | | |
|-----------------------|--------------|---------------|-------------|
| Please Circle: | START | CHANGE | STOP |
|-----------------------|--------------|---------------|-------------|

| | | | |
|-------------------------------------|----------------|-------------|-----------------|
| Please Circle Payroll Group: | ADP/MGR | MAIN | LAUREATE |
|-------------------------------------|----------------|-------------|-----------------|

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

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

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

| | | |
|--------------------|--------------|------|
| Member's 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 |

Please send completed form to creditunion@northsidefcu.com or Fax to 404.845-5033