

PAYROLL DEDUCTION CHANGE FORM

THIS FORM MUST BE SUBMITTED TO THE CREDIT UNION, NOT YOUR PAYROLL DEPT.

NAME _____ Last 4 of SSN _____ ACCT# _____

I hereby authorize _____ Board of Education to deduct the following amount from each paycheck starting _____ until further notice and to transmit it to the SOUTHERN MIDDLESEX COUNTY TEACHERS FEDERAL CREDIT UNION for credit to my account. I also authorize same to debit my account for any credits posted in error.

THIS DEDUCTION IS TO BE CREDITED AS FOLLOWS **PER PAYCHECK: (This amount supercedes any current deductions)**

Regular Savings (shares) \$ _____

Summer Savings \$ _____

Other Savings (specify which) \$ _____

Loan Payment(s) \$ _____

Checking \$ _____

NEW TOTAL PER PAYCHECK AMOUNT \$ _____ **(MULTIPLE OF \$5.00)**

MONTHLY AMOUNT \$ _____ **(MULTIPLE OF \$10.00)**

SIGNATURE X _____

DATE: _____

Mail to: Southern Middlesex County Teachers FCU
39 Brunswick Woods Dr
East Brunswick, NJ 08816

Email to: info@myfavoritecu.com

Or fax to 732-238-8628