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PAYROLL DEDUCTION CHANGE FORM

MEMBER NAME: _____ LAST 4 OF SSN _____ ACCOUNT#: _____

I hereby authorize _____ Board of Education to deduct the following amount from each paycheck effective _____ until further notice and to transmit it to the Southern Middlesex County Teachers FCU 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 supersedes any current deductions)

- Regular Savings (Shares) \$ _____
Summer Savings \$ _____
Other Savings (Please Specify) \$ _____
Loan Payment(s) \$ _____
Checking (Share Draft) \$ _____

NEW TOTAL PER PAYCHECK \$ _____ (Multiple of \$5.00)

MONTHLY AMOUNT \$ _____ (Multiple of \$10.00)

10 12 Month Employee (Check one)

MEMBER SIGNATURE: _____

DATE: _____