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Lynne Fritz, Manager Traci Smith, Assistant Manager

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 (RG) \$
Summer Savings (-00) \$
Other Savings (01,02,06,07,09) \$
(Circle which subaccount)
Loan Payment(s) (Loan Letter) \$
Checking (-08) \$

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

MONTHLY AMOUNT \$ (Multiple of \$10.00)

10 12 Month Employee (Check one)

MEMBER SIGNATURE: (must be a live signature)

DATE:

Please return this form via mail, fax or e-mail:

Mail:

Southern Middlesex County Teachers FCU
39 Brunswick Woods Drive
East Brunswick, NJ 08816

Fax: 732-238-8628

E-Mail: info@myfavoritecu.com