

(Credit Union Use Only)

Received by Teller # \_\_\_\_\_

Processed by Teller # \_\_\_\_\_

**PAYROLL DEDUCTION FORM**

Please return completed form to credit union address listed above.

**MEMBER INFORMATION**

Member Name:		Membership #:	
Address:			
Phone #:		Last Four Digits of SS#:	
Current Agency:	Retired? <input type="checkbox"/>	State Employee ID #:	

**NEW DEDUCTION AUTHORIZATION**

I hereby authorize the State Comptroller to deduct \$ \_\_\_\_\_ from each paycheck and remit said amount to my Connecticut State Employees Credit Union account as designated below.

**CHANGE OF DEDUCTIONS**

I hereby authorize the State Comptroller to change the amount of my deductions from each paycheck to my Connecticut State Employees Credit Union account from

\$ \_\_\_\_\_ as previously authorized by me; to

\$ \_\_\_\_\_.

**ALLOCATION**

Account Type	Amount
Savings (1)	
Share Draft (2)	
Special Purpose (7)	
Vacation Club (8)	
Christmas Club (9)	
IRA	
Loan #	
<b>Total</b>	

By signing below, I attest that the information provided on this form is true and correct. I understand that this deduction may be terminated by me on written notice thirty (30) days in advance.

**X**

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Member Signature

Date

For Agency Payroll Office Use \_\_\_\_\_