



# Financial Assurance

FEDERAL CREDIT UNION

## Authorization To Change Deductions

Last Name:	First Name:	M.I.	Location:	Budget Code:
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Record Type	Employee Number	Social Security Number
1-2	3-8	9-18
3 C		

I hereby authorize that \$\_\_\_\_\_ be deducted from my salary or sick pay benefits every payday for deposit to my credit union Share Account.

**CHECK ONE BOX:**  NEW DEDUCTION  CHANGE DEDUCTION  DISCONTINUE DEDUCTION

Date: \_\_\_\_\_ Signature: \_\_\_\_\_