



TEAMSTERS
CREDIT UNION

Phone (763) 267-6300 • Fax (763) 267-6306 • www.mnteamsterscu.com

9422 Ulysses Street NE • Suite 140 • Blaine, MN 55434

Office hours: Monday _ Thursday 8:00 AM _ 4:00 PM, Friday 8:00 AM _ 2:00 PM

Payroll Deduction Form

Member: _____ Member Number: _____
Employer: _____ SSN: _____
Phone: Home () _____ Work () _____ Payroll No: _____

Initial Authorization Change in Authorization

I hereby authorize my Employer to deduct from my salary the amounts set forth below and to deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. If this is a change in a previous Authorization, I instruct my Employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing bankruptcy, my Employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization. I grant the credit Union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my Employer to honor any payment change made under this power of attorney.

Deposit Amount:

Net Check or \$ _____

Payroll Period:

Weekly Monthly Biweekly Semi-monthly

Credit Union R/T No: **291074751** Credit Union Account No: _____

Deposit to: Savings Checking

X _____
Signature

Effective Date