

RESET

NAME: Please Print (LAST) (FIRST) (INITIAL)			Account Number	Branch
Payroll or Employment Number	Social Security Number	Location or Store	Employer Code	Employee Initials

**PLEASE RETURN BOTH COPIES TO THE CREDIT UNION
CHESSIE FEDERAL CREDIT UNION**

I authorize the paymaster of _____
to deduct the following amount from my pay and
forward to the above named credit union. I understand
that Chessie Federal Credit Union cannot guarantee
the time of receipt and posting of payroll deductions
to my account. I further understand that checks
written prior to the posting of payroll deduction
cannot be honored if sufficient funds are not available.

Start Change Stop

Today's Date Effective Date

Start The Following Deduction	Stop The Following Deduction
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Deductions
Per Pay

Signature of Employee