

**AUTHORIZATION FOR PAYROLL DEDUCTION**

NAME: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

Routing & Transit No. # : \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Union Pacific California Employees Federal Credit Union

Distribution:	Account # _____	\$ _____
	Account # _____	\$ _____
	Account # _____	\$ _____
	Account # _____	\$ _____

To: Employer \_\_\_\_\_

\_\_\_\_\_ I hereby authorize you to deduct the following amount from my pay \$ \_\_\_\_\_ each payroll period until further notice from me, and pay same concurrently to the above-named credit union.

\_\_\_\_\_ I hereby authorize you to cancel the following deduction \$ \_\_\_\_\_ each payroll period.

\_\_\_\_\_ I hereby authorize you to change my existing payroll deduction as follows:

From: Amount \$ \_\_\_\_\_ To: Amount \$ \_\_\_\_\_ per payroll period

**Effective Payroll Period:** \_\_\_\_\_ In the event that the employer should make a payroll deposit that the Employee a later time determines the Employer is not entitled to, the Paymaster agrees that the Employer's sole recourse for recovery of that overpayment will be from the Employee and that the Credit Union shall not in any way be responsible to the Employer for such overpayment.

It is my affirmative duty to notify you of my desire to discontinue the instructed deduction, even in the event I file for bankruptcy.

I have voluntarily chosen payroll deduction as a method of payment and understand it is not required, nor is it a factor in ruling on loan applications. I understand that any funds so deducted may not be withdrawn until they are credited to my account.

\_\_\_\_\_  
**SIGNATURE OF MEMBER**

\_\_\_\_\_  
**DATE**

**FAX FORM : (562) 693-6195**

