



Authorization for Payroll Deduction

Member Name: \_\_\_\_\_ Membership #: \_\_\_\_\_ Date: \_\_\_\_\_
Employer: \_\_\_\_\_ SSN: \_\_\_\_\_ [ ] Distribution Change Only

I hereby authorize Kern Schools Federal Credit Union to [ ] delete my payroll deduction/ [ ] distribute my payroll deduction as indicated below. I release Kern Schools Federal Credit Union from any claims regarding distribution of funds.

Table with 3 columns: Membership #, Account, Amount. Total 0.00

\*\*This form supersedes all previous authorizations for payroll deduction.

Signature: \_\_\_\_\_ Employee Number: \_\_\_\_\_

KSFCU COPY



Authorization for Payroll Deduction

Member Name: \_\_\_\_\_ Membership #: \_\_\_\_\_ Date: \_\_\_\_\_
Employer: \_\_\_\_\_ SSN: \_\_\_\_\_

I hereby authorize you to [ ] delete my payroll deduction/ [ ] deduct from my earnings the total amount of \$ \_\_\_\_\_ each payroll period to be credited to my account at Kern Schools Federal Credit Union.

Signature: \_\_\_\_\_ EMPLOYER COPY



Authorization for Payroll Deduction

Member Name: \_\_\_\_\_ Membership #: \_\_\_\_\_ Date: \_\_\_\_\_
Employer: \_\_\_\_\_

I hereby authorize Kern Schools Federal Credit Union to [ ] delete my payroll deduction/ [ ] distribute my payroll deduction as indicated below. I release Kern Schools Federal Credit Union from any claims regarding distribution of funds.

Table with 3 columns: Membership #, Account, Amount. Total 0.00

\*\*Deductions will take effect after the initial direct deposit has posted.

\*\*This form supersedes all previous authorizations for payroll deduction.

Employee Number: \_\_\_\_\_