

# Addition FINANCIAL

## PAYROLL DEDUCTION AUTHORIZATION FORM

This form is for Addition Financial Payroll Deductions ONLY. Contact the Payroll Department for Direct Deposit information.

PLEASE Print or Type

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Employed By

\_\_\_\_\_  
Name

\_\_\_\_\_  
Personnel#

\_\_\_\_\_  
Credit Union Account#

The Payroll Department has been authorized to deduct the below dollar amount from my salary check each payday and I request that it be credited as follows:

Deferred Option Plan deductions \$ \_\_\_\_\_ 0.00

All other Credit Union deductions \$ - - - - - 0.00

**ADDITION FINANCIAL CREDIT UNION**

\$ _____	Share (Savings) Account	\$ _____	Share Draft (Checking) Account
\$ _____	Summer Savings Account (Regular)	\$ _____	Insured Money Market Account
\$ _____	Holiday Savings Account	\$ _____	IRA (Individual Retirement) Account
\$ _____	<b>Deferred Option Plan</b>	\$ _____	*Loan Payment(s)
			* Divide monthly payment(s) by 4 if paid weekly- by 2 if paid bi-weekly

**This authorization will cancel all previous deduction authorizations and shall remain in force until a new form is completed and received by the credit union.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date