

CVPH Employees Federal Credit Union

Payroll Deduction Form

By signing below I authorize that CVPH Medical Center has authorization to automatically deduct the following from each paycheck to have it deposited into the following accounts with the Credit Union. No changes will be made to payroll deductions without a signed form. Only even dollar amounts may be submitted for each deduction.

Account Number: _____ Department Name: _____

Date to Start: _____ Date To Go To Payroll: _____

S1 Savings Account \$ _____

S2 Christmas Club Account \$ _____

S3 Vacation Account \$ _____

S4 Tax Account \$ _____

S5 Share to Loan Account \$ _____

S6 Special Account \$ _____

S10 Money Market Account \$ _____

D1 Draft Checking Account \$ _____

Sub Accounts \$ _____

Acct # _____

Acct # _____

Total Deductions Per Pay Cycle \$ _____

Date: _____

Signature: _____