

## Wakefern Federal Credit Union Payroll Deduction Authorization Form

Print your Name

Social Security No.

Employee ID No.

To the Payroll Department:

I hereby authorize you to deduct \$ \_\_\_\_\_ from my pay until further notice and transmit to Wakefern Federal Credit Union.

Sign Here X

Date:

Instructions to Credit Union

Please apply my payroll deduction as follows:

Shares/Savings \$ \_\_\_\_\_ Share Draft/Checking \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ (requires valid secondary account to be opened)

If no selection is made, I understand that my entire payroll deduction will be credited to my share/savings account.