



Southern Federal Credit Union
 P. O. Box 2765
 Houston, Texas 77252-2765
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 www.southernfederalcu.org

**PAYROLL DEDUCTION
 AUTHORIZATION**

Name: _____ Account No.: _____

Employee ID No.: _____ Social Security No.: _____

Employer: _____

START CHANGE STOP

I hereby authorize my Employer to deduct from my salary the amount set forth below and to deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my Employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my Employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization.

I hereby authorize the payroll department to deduct \$ _____ from my

pay EACH PAY PERIOD effective _____ until further notice and transmit to Southern Federal Credit Union to be disbursed as follows:

\$ _____	Savings	\$ _____	State Tax
\$ _____	Checking	\$ _____	IRAs
\$ _____	Christmas Club	\$ _____	Loans

Signature: X _____ Date: _____

Loan payments are to be transferred to savings after loans have been paid off unless otherwise notified by member.