

Star USA Federal Credit Union
PAYROLL DEDUCTION AUTHORIZATION

This card voids all previous cards

COMPANY (PRINT OR TYPE)

*

COMPANY NUMBER

*

CU ACCOUNT NUMBER

*

EMPLOYEE NAME

*

EMAIL ADDRESS

*

SOCIAL SECURITY NUMBER

*

PHONE NUMBER

*

EMPLOYEE HOME ADDRESS

*

ZIP CODE

*

I HEREBY AUTHORIZE THE COMPANY TO DEDUCT FROM MY PAY THE AMOUNTS SHOWN BELOW TO BE APPLIED AS INDICATED TO MY CREDIT UNION ACCOUNTS. IN THE EVENT THAT I FILE FOR BANKRUPTCY, I HEREBY AUTHORIZE THE COMPANY TO CONTINUE THE DEDUCTIONS TO MY CREDIT UNION ACCOUNT(S) AS INDICATED UNLESS I NOTIFY YOU OTHERWISE.

EMPLOYEE SIGNATURE

*

DATE

*

I RECEIVE MY PAY AS FOLLOWS (CIRCLE ONE)

MONTHLY BIWEEKLY WEEKLY

*SHARE DEDUCTIONS(S)
(PER PAY CIRCLED ABOVE) \$ _____

LOAN DEDUCTION(S)
(PER PAY CIRCLED ABOVE) \$ _____

*TO BE APPLIED TO

SHARES \$ _____ VACATION CLUB \$ _____ SHARE DRAFT \$ _____

SHARE PLUS \$ _____ CHRISTMAS CLUB \$ _____