

Payroll Deduction (for employer)

Name:	Name: SSN:		N	or #:	
Address:			City:	State:	_ Zip:
Home Phone: Cell Phone:					
Company:		Email:			
Please check one:	New Revise	ed 🗌 Cancel	Total Deducti	ion Amount: \$	
I hereby authorize my employ account. In the event of an previous authorizations signed	error, I understand that	my employer may reven	and to pay the same rse or adjust a depo	sit. This authorization ca	
Signature:				Date:	
E-Central Credit Union • 990 S. Fair Oaks Ave., Pasadena, CA 91105 • www.ecentralcu.org Phone: 626.799.6000 • Fax: 626.799.6950					
Cut or tear here Give this top half to your employer					
CREDIT UNION	Send thi	s half to E-Central (see bel		Payroll Distribut	tion (for E-Central)
Name:		SSN:	M	[br #:	
Address:			City:	State:	Zip:
Home Phone: Cell Phone:					
Company: Email:					
Accounts	Amount				
Membership Savings	\$	Total Deduction	Amount: \$		
Checking	\$	I hereby authorize my employer to deduct the amount shown each pay period and to pay the same to E-Central Credit Union for credit to my share account. In the event of an error, I understand that my employer may reverse or adjust a deposit. This authorization cancels and replaces any previous authorizations signed by me for this purpose and shall remain in effect until cancelled by me in writing. Your payroll deduction will be distributed each pay period as indicated to the left. Any remaining balance will be automatically deposited into your Membership Savings. Loan payments are paid automatically each month by an elec- tronic transfer from Membership Savings.			
Holiday Club Savings	\$				
Personal Savings	\$				
☐ Money Market	\$				
□ IRA	\$	Signature:		D	Date:
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