

POWELL SCHOOLS FEDERAL CREDIT UNION

AUTHORIZATION FOR PAYROLL DEDUCTION

(Please print)

1. _____
First Name Middle Name Last Name

2. Please make regular deductions from my salary in the total amount of \$_____
Beginning with the _____, 20__ payroll*, and forward to the Powell Schools Federal
Credit Union.

Date Signature

Employee Payroll Number _____

*Please note that deductions will be taken from final paycheck upon termination of employment.

DISPOSITION

To: Powell Schools Federal Credit Union

I have authorized the business office of Park County School District #1/Northwest College to make
monthly payroll deductions of \$_____ payable to the Powell Schools Federal Credit
Union, beginning with the _____, 20__ payroll* until further notice.

This amount is to be distributed as follows:

To Savings (Shares) Acct. # _____ \$ _____
To Loan Repayment Acct. # _____ \$ _____
To Loan Repayment Acct. # _____ \$ _____
To Other (Specify) Acct. # _____ \$ _____

TOTAL \$ _____

Date Signature

Print Name

*Please note that deductions will be taken from final paycheck upon termination of employment.