

Employee Name: _____	Account Number: _____
Payroll Number: _____	Social Security Number: _____
<b>AMERICO FEDERAL CREDIT UNION</b>	
TO PAYMASTER: _____	
<p>I hereby authorize you to deduct the following amount from my pay:</p> <p>\$ _____ <input type="checkbox"/> each pay period OR <input type="checkbox"/> _____</p> <p>until further notice from me and transmit same currently to the above named credit union.</p> <p><input type="checkbox"/> Start                      <input type="checkbox"/> Change                      Effective Date: _____</p>	
Employee Signature: _____                      Date Signed: _____	

This deduction is to be credited as follows:

Shares \$ \_\_\_\_\_                      Loans \$ \_\_\_\_\_                      Share Drafts \$ \_\_\_\_\_

IRA Account \$ \_\_\_\_\_                      Vacation Club \$ \_\_\_\_\_

Christmas Club \$ \_\_\_\_\_                      Real Estate Loans \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

