Northeastern University Federal Credit Union

Payroll Deduction Authorization

Date: _____

SSN: _____

Member Number: _____

Last Name: _____

First Name: _____

Middle Name: _____

Home Address: _____

_____

[ ]   **Start a deduction from my pay (Amount) $_____ per paycheck**

[ ]   **Change deduction from $_____ to $_____ per paycheck**

Effective Date: _____

I hereby authorize the NU Payroll Supervisor to deduct from each paycheck the above stated amount.

Signed: _____

NEUFCU Representative: _____