Electrus Federal Credit Union • 7100 Brooklyn Boulevard • Booklyn Center, MN 55429-1248

PAYROLL AUTHORIZATION FORM

I hereby authorize the following deduction from my pay ***each payroll period***. I agree to notify the credit union when I change employers and authorize the credit union to transfer my deduction accordingly.

MEMBER NUMBER LAST NAME FIRST MIDDLE

MEMBER SIGNATURE SOCIAL SECURITY NUMBER

DATE	EMPLOYER	AMOUNT	DATE	EMPLOYER	AMOUNT