

# AURORA SCHOOLS FEDERAL CREDIT UNION

751 CHAMBERS ROAD AURORA CO 80011-7151

303-360-0987 FAX 303-360-0511

## CHANGE TO SALARY DEDUCTIONS AUTHORIZATION

Weekly  BI-Weekly  Semi-Monthly  Monthly Starting \_\_\_\_\_

ACH/EFT (Payroll) # \_\_\_\_\_ or Name \_\_\_\_\_

### CURRENT (OLD) DEDUCTION

Loan # \_\_\_\_\_

Loan # \_\_\_\_\_

Loan # \_\_\_\_\_

Loan # \_\_\_\_\_

Loan # \_\_\_\_\_

Loan # \_\_\_\_\_

Shares # \_\_\_\_\_

Shares # \_\_\_\_\_

Shares # \_\_\_\_\_

Shares # \_\_\_\_\_

Shares # \_\_\_\_\_

Host Suffix # \_\_\_\_\_ Remainder \_\_\_\_\_

**TOTAL** \_\_\_\_\_

### NEW OR FIRST TIME DEDUCTION

Loan # \_\_\_\_\_

Loan # \_\_\_\_\_

Loan # \_\_\_\_\_

Loan # \_\_\_\_\_

Loan # \_\_\_\_\_

Loan # \_\_\_\_\_

Shares # \_\_\_\_\_

Shares # \_\_\_\_\_

Shares # \_\_\_\_\_

Shares # \_\_\_\_\_

Shares # \_\_\_\_\_

Host Suffix # \_\_\_\_\_ Remainder \_\_\_\_\_

**TOTAL** \_\_\_\_\_

This authorization replaces any previous Salary Deduction Authorization Form signed by me. I understand and agree that the responsibility for making loan payments is mine, alone. If the salary deduction does not occur as requested, I will make direct payments on my loans. If I pay my loan in full or file bankruptcy, I know it is my responsibility to stop this deduction. If I do not stop the deduction, the Credit Union may treat this as a voluntary share deposit or loan payment.

Name: \_\_\_\_\_

Social Security # \_\_\_\_\_

Account # \_\_\_\_\_

Signature \_\_\_\_\_

Loan due Date \_\_\_\_\_

Payroll Date \_\_\_\_\_

Today's Date \_\_\_\_\_

Member Service/Teller ID \_\_\_\_\_

### For Credit Union Only:

Payroll Change Done By \_\_\_\_\_

Verified By \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_