

## CREDIT UNION DEDUCTION REQUEST FORM

Employee # \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_

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

Credit Union Name (Fort Meade/IR/Tower) \_\_\_\_\_

Account No. \_\_\_\_\_

ABA

Type (Checking/Savings) \_\_\_\_\_

Amount \_\_\_\_\_

Start Deductions \_\_\_\_\_

Stop Deductions \_\_\_\_\_

Change Deductions \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Merc Setup \_\_\_\_\_

Payroll Setup \_\_\_\_\_