

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 _____