COVENANT HEALTH CREDIT UNION

PAYROLL DEDUCTION AUTHORIZATION

MEMBER'S NAME: _____
(Last Name) **(First Name)**

SOCIAL SECURITY NUMBER: _____

ACCOUNT NUMBER: _____

PLACE OF EMPLOYMENT: _____ DEPARTMENT_____

I hereby authorize my Payroll department to pay Covenant Health Credit Union the below listed sum each pay-period from salary or wages earned by me to apply on my share or loan account with the Credit Union. If funds to which I am not entitled are deposited to my account, I authorize Covenant Health Credit Union to debit my account said funds. This authority will remain in effect until I have cancelled in writing.

Share Deduction (saving) _____

_____

_____

Share Draft (checking) _____

Christmas Club _____

Flex Money Market _____

Loan Payments _____

_____

_____

Miscellaneous Accounts Number and Amounts _____

_____

TOTAL DEDUCTIONS _____

Home Phone Number _____ **Work Phone Number _____**

Member Signature _____ Date: _____

CHCU Employee :_____

PAYROLL HEADER NUMBER:_____ **Sav_____** **Ckg_____**

PAYROLL CO ID _____