

# PAYROLL DEDUCTION CHANGE FORM

**THIS FORM MUST BE SUBMITTED TO THE CREDIT UNION, NOT YOUR PAYROLL DEPT.**

NAME \_\_\_\_\_ SSN \_\_\_\_\_ ACCT# \_\_\_\_\_

I hereby authorize \_\_\_\_\_ Board of Education to deduct the following amount from each paycheck starting \_\_\_\_\_ until further notice and to transmit it to the SOUTHERN MIDDLESEX COUNTY TEACHERS FEDERAL CREDIT UNION for credit to my account. I also authorize same to debit my account for any credits posted in error.

THIS DEDUCTION IS TO BE CREDITED AS FOLLOWS **PER PAYCHECK: (This amount supercedes any current deductions)**

Regular Savings (shares) \$ \_\_\_\_\_

Summer Savings \$ \_\_\_\_\_

Other Savings (specify which) \$ \_\_\_\_\_

Loan Payment(s) \$ \_\_\_\_\_

Checking \$ \_\_\_\_\_

**NEW TOTAL PER PAYCHECK AMOUNT** \$ \_\_\_\_\_ **(MULTIPLE OF \$5.00)**

**MONTHLY AMOUNT** \$ \_\_\_\_\_ **(MULTIPLE OF \$10.00)**

SIGNATURE X \_\_\_\_\_

DATE: \_\_\_\_\_

**Mail to: Southern Middlesex County Teachers FCU  
39 Brunswick Wood Dr  
East Brunswick, NJ 08816**

**Or fax to 732-238-8628**