

PAYROLL DEDUCTION AUTHORIZATION FORM

Riverside Health System Employees Credit Union

Member Name:	
Account Number:	
Social Security:	
Org Number:	

500 J Clyde Morris

Newport News, VA 23601

Phone 757-594 2030 Fax 757 594-3644

www.rhsecu.org

I hereby Authorize my employer to deduct from my salary the amount set forth below and to deposit these funds at the credit union for each payroll following receipt of this Authorization until further notice from me. If this is a change in a previous Authorization I instruct my employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing bankruptcy my employers and the credit union are directed to make and apply deduction in accordance with this Authorization.

Type of Account	Amount	Type of account	amount
Share/savings		Loan 1	
E-Account/Debit Card		Loan 2	
Thrift Account		Other	
Loan Payment/Vacation		Other	
Holiday club		Total Amount	

By signing this Authorization below I Authorize the Credit Union to apply my payroll deduction for each pay period as shown above. I understand that this form replace all previous forms that I have submitted.

SIGNATURE:

DATE:

Please print this form and fax it to the credit union at 757 594-3644. We will need your signature for verification before changing any information.