

## SIDNEY FEDERAL CREDIT UNION PAYROLL DEDUCTION CARD (EMPLOYER COPY)

NEW DEDUCTION       CHANGE OF DEDUCTION       DELETE DEDUCTION

NAME:

SSN:

ADDRESS:

STREET

CITY

STATE

ZIP

CREDIT UNION  
ACCOUNT #EMPLOYER'S  
NAME:EMPLOYEE OR  
DEPARTMENT #AMOUNT DEDUCTED \$  
OR NET PAY

I hereby authorize the above named company to forward the amount shown to Sidney Federal Credit Union

SIGNATURE:

DATE:

**This portion is to be given to employer's payroll department by the employee.**

## SIDNEY FEDERAL CREDIT UNION PAYROLL DISTRIBUTION CARD (SFCU COPY)

NAME

SSN      -      -

ADDRESS

PHONE: (      )

CITY, ST, ZIP

ACCT. #

EMPLOYER

AMOUNT DEDUCTED  
PER PAY \$

SIGNATURE :

DATE:

SFCU  
REP.PAY PERIOD:  WEEKLY     BI-WEEKLY     SEMI MONTHLY     MONTHLY

TYPE:    NEW    CHANGE    DELETE

PAY PERIOD	AMOUNT DEDUCTED PER PAY	INTO ACCT	TYPE	NEW	CHANGE	DELETE	SUFFIX
Please distribute	\$	Into acct					Suffix
Please distribute	\$	Into acct					Suffix
Please distribute	\$	Into acct					Suffix
Please distribute	\$	Into acct					Suffix
Please distribute	\$	Into acct					Suffix
Please distribute	\$	Into acct					Suffix
Please distribute	\$	Into acct					Suffix

**BY COMPLETING THIS CARD ALL PREVIOUS PAYROLL CARDS ARE VOID.**