

PAYROLL DEDUCTION AUTHORIZATION

_____ **Initial Deduction** _____ **Change in Deduction** _____ **Change in Distribution of Funds Only**

Town Employee _____

CU ACCT #

PRINT NAME

EMP ID #

Town Retiree _____

I, hereby, authorize the TOWN OF NORMAL PAYROLL DEPARTMENT to deduct from my salary the amount set forth below and to deposit these funds in the NORMAL CITY EMPLOYEES FEDERAL CREDIT UNION for each payroll period following receipt of this Authorization until further notice from me. If this is a change to a previous Authorization, I instruct the TOWN OF NORMAL PAYROLL DEPARTMENT to cancel my previous authorization and to follow this one. If I fail to cancel this Authorization upon filing for bankruptcy, the TOWN OF NORMAL and the NORMAL CITY EMPLOYEES FEDERAL CREDIT UNION are directed to make and apply deductions in accordance with this Authorization.

TOTAL TO BE DEDUCTED PER PAYCHECK / MONTH \$ _____ Effective Date: _____

Account holder's name

Account #

Deposit this amount

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

EMPLOYEE SIGNATURE

DATE