

Form Instructions:

- 1-Complete all applicable fields
- 2-Print completed form
- 3-Sign and date the Signature sections

- 4. Email to: [creditunion@northsidefcu.com](mailto:creditunion@northsidefcu.com)
- 5. Or Fax to: 404.845.5033

# PAYROLL DEDUCTION AUTHORIZATION



I hereby authorize Northside Hospital to make the following deduction from my paycheck each pay period, until further notice, for payment or deposit to the Northside Federal Credit Union:

Member Information			
Last Name	First Name	Middle Initial	Employee ID#

Savings	
Account Number	Amount
Account Number	Amount
Account Number	Amount
Account Number	Amount
<b>Total Amount:</b>	\$ 0.00

Loans	
Account Number	Amount
Account Number	Amount
Account Number	Amount
Account Number	Amount
<b>Total Amount:</b>	\$ 0.00

<b>Grand Total:</b>	\$ 0.00
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Member's Signature	Printed Name	Date
<b>Please Choose:</b> <input type="checkbox"/> <b>START</b> <input type="checkbox"/> <b>CHANGE</b> <input type="checkbox"/> <b>STOP</b>		

Credit Union Representative's Signature	Printed Name	Date
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