

NORTH DISTRICTS **COMMUNITY CREDIT UNION**



5321 William Flynn Hwy. - Gibsonia, PA 15044
Office: 724-444-8181 - Fax: 724-444-81 - Toll Free: 1-866-486-8181
email: ndcu@stargate.net - website: www.ndcupa.org

PAYROLL DEDUCTION FORM

Please complete the attached payroll deduction form and **return BOTH PARTS to the above address.**

Deductions will continue at the same amount until **BOTH PARTIES** agree to change or terminate.

PER PAY DEDUCTION

To: NORTH DISTRICTS COMMUNITY
CREDIT UNION

Acct #: _____

Date: _____

I wish to have \$ _____ applied to my **SAVINGS ACCOUNT #** _____.

I wish to have \$ _____ applied to my **SAVINGS ACCOUNT #** _____.

I wish to have \$ _____ applied to my **DRAFT CHECKING**

I wish to have \$ _____ applied to my **CHRISTMAS CLUB**.....

I wish to have \$ _____ applied to my **LOAN ACCOUNT #** _____.

I wish to have \$ _____ applied to my **LOAN ACCOUNT #** _____.

PRINT NAME: _____

SHALER AREA SCHOOLS
(EMPLOYER'S NAME)

X _____
(SIGNATURE)

To: PAYROLL DEPARTMENT

Date: _____

I wish to have a **TOTAL** of \$ _____ deducted **Per Pay** from my paycheck for deposit with
North Districts Community Credit Union. PRINT NAME: _____

SHALER AREA SCHOOLS
(EMPLOYER'S NAME)

X _____
(SIGNATURE)

SOCIAL SECURITY NUMBER: _____ - _____ - _____

() New Deduction

() Decrease in an existing deduction

() Increase in an existing deduction

() Termination of deduction