

CU Officer: _	
Date:	

## **Payroll Deduction and Authorization Form**

Effective immediately, I hereby authorize Credit Union Union of Southern California to receive my payroll deduction
in the amount indicated below per pay period. This authorization will remain in effect until the Credit Union or myself
cancel it. I agree to hold harmless the Credit Union and its employees for any errors in transmitting or posting
deductions.

Public Employees' Retirement System (PERS)

State of California

Total Amount of Deduction: \$
1. Payroll Request: ☐ New Deposit ☐ Amount Change ☐ Delete/Cancel ☐ Distribution Change (Signature not require
2. Primary Deposit Destination:   Checking   Savings
3. Payroll Frequency:   Monthly Bi-Weekly Semi Monthly (1st and the 15th of the month) Other
Date Soc. Sec. #
Print Name Signature

For Credit Union use only

## **Distribution Instructions**

(The Total Amount of the Distributions below must equal the above noted "Total Deduction Amount")

Share Type	Suffix	Amount	Loan Type	Suffix	Ar
Regular Savings			Loan Account		
Sub-Savings			Loan Account		
Sub-Savings			Loan Account		
			Loan Account		
Checking					
Money Market			Line of Credit	n/a	n/a
Summer Saver			Real Estate		
Holiday Saver					
IRA					
IRA Roth					
Other Account No.			Other Account No.		
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