

# CAMPUS FEDERAL CREDIT UNION PAYROLL DEDUCTION

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
NAME(Print Last, First, MI)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
DAYTIME PHONE NO.

CHANGING FROM \$ \_\_\_\_\_ TO \$ \_\_\_\_\_

\_\_\_\_\_  
EFFECTIVE DATE:

\_\_\_\_\_  
COMPANY / DEPARTMENT

<b>Type of Employee</b>	(LSU Only)
(check one)	
<input type="checkbox"/> Academic (9 month)	
<input type="checkbox"/> Salary/Academic/GA (12 months)	
<input type="checkbox"/> Civil Service or Transient (paid biweekly)	

Entry					
Date	/	/	/		
by					LSU

Shaded area completed by Payroll

**I HEREBY AUTHORIZE MY EMPLOYER, UNTIL FURTHER NOTICE FROM ME, TO CHANGE THE AMOUNT OF MY REGULAR CREDIT UNION DEDUCTIONS FROM MY PAYCHECK AS FOLLOWS:**

AMOUNT	ACCOUNT NUMBER	SHARE TYPE OR LOAN NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	<b>TOTAL</b>	

**PLEASE BE ADVISED THAT THE ABOVE INFORMATION WILL BE KEPT ON FILE WITH YOUR PAYROLL DEPARTMENT.**

Employee Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
DATE PROCESSED  
(C.U. use only)