

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

Type of Employee	(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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	TOTAL	

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)