

Date Received _____

Date Sent _____

BAR-CONS FEDERAL CREDIT UNION

Last	First	Middle	Social Security No.
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Address	Home Phone No.
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Employer	PDG#	ACH#	PAPER#	Member I.D.
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I hereby request that \$ _____
(even dollars) be deducted from my
salary each pay period effective

This shall be applied as follows:

This authorization will continue in effect until I advise to change or cancel it.

Share Savings
Christmas Club
Share Draft
Loan Payment
Money Works Draft

Total

EMPLOYEE'S SIGNATURE _____

DATE _____ Initial _____

WHITE – BAR-CONS

CANARY – EMPLOYER

PINK – EMPLOYEE