



Payroll Deduction Form

By submitting this request, you authorize Mocse Credit Union to distribute the payroll funds from your employer as detailed below. Your employer originates the deposit of funds to your account under this Payroll Deduction program. If erroneous deposits are submitted to your accounts that you are not entitled to have, it is your responsibility to return the overpayment to your employer. Mocse Credit Union will not be responsible for incorrect deposits to your account and will deduct any overpayment when requested by your employer.

You agree to notify Mocse Credit Union promptly of **any changes** to the Payroll Deduction distribution request including termination due to your bankruptcy. If no specific distribution is indicated, the funds

Employee Last Name (Please print)		First Name	
Social Security #		Account #	
Employer		Payroll Group #	
Effective Date:			
<input type="checkbox"/> Start \$		<input type="checkbox"/> Stop Deduction	
<input type="checkbox"/> Change from \$		to \$	
<input type="checkbox"/> Change Account # (See below)		<input type="checkbox"/> Change in Allocation (See below)	

received from your employer will be posted to your share savings account.

Employee / Member Signature _____ **Date** _____

Payroll Deduction Distribution

Account #	Suffix	Surname	S or L	\$\$\$\$\$
1				
2				
3				
4				
5				
6				
7				
8				

Internal Use Only		
Request Received by (Teller Initials):	Date:	Date sent to employer
Change Processed by (Teller Initials):	Date:	