

Please fax both A & B to (519) 663-9369 or drop off at the Credit Union Office

A PAYROLL DEDUCTION LONDON CIVIC EMPLOYEES' CREDIT UNION



To: _____ New: _____ Change of Rate: _____
 NAME OF EMPLOYER/DEPARTMENT

Please make a total deduction of \$ _____ from each pay commencing with the period ending _____ until further notice and such an amount to be credited to my account with the London Civic Employees' Credit Union Limited.

Date: _____ MEMBER SIGNATURE

PRINT NAME PAYROLL NUMBER

AUTHORIZED SIGNATURE

Note: This form is NOT valid unless it bears the signature of a Credit Union Employee.

B PAYROLL DEDUCTION DETAILS LONDON CIVIC EMPLOYEES' CREDIT UNION



Name: _____ Weekly: _____ Bi-Weekly: _____

Period: _____ Payroll Distribution Charge? Yes _____ No _____

Account: _____ Dept.: _____ Payroll: _____

MEMBER SIGNATURE

DATE

PRESENT DEDUCTION			NEW DEDUCTION		
Acct. Num.	Amount	Account	Acct. Num.	Amount	Account
TOTALS			TOTALS		
COMMENTS					