

American Eagle Financial Credit Union, Inc.

Payroll Deduction Authorization Form

Please print clearly

Name	E-mail		
Address	City	State	Zip
Social Security #	Member #		
Employer Name	Work Phone		
Signature	Date		

I hereby authorize my employer to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries posted to my account at American Eagle FCU.

Please withhold from my pay \$ _____ each payday until further notice and deposit into American Eagle Financial Credit Union, Inc. Each payday allocate my deductions as follows:

Account Number	Account Type	Deduction Amount \$

Total \$ _____



Payroll Deduction Authorization
250-002 (Rev. 12/2014)



Federally insured by NCUA. Equal Opportunity Lender

