

SchoolsFirst Federal Credit Union

PAYROLL DEDUCTION AUTHORIZATION

Employer Information:

Chapman University – Payroll Dept
One University Dr
Orange, CA 92866
Phone - 714-997-6877
Fax – 714-997-6992

Employee Information: (Print)

Name: Last First MI Social Security #

PAYROLL DEDUCTION: Total amount to be deposited: \$_____

☐ NEW ☐ REVISE AMOUNT ☐ CANCEL

Type of Account and corresponding account number the funds are to be deposited into:

☐ Savings – Account Number _____

☐ Checking – Account Number **4 0 -** _ _ _ _ _ (must be 12 digits)

Financial Institution Information:

SchoolsFirst Federal Credit Union
Attn: Payroll Services Department
PO Box 11957
Santa Ana, CA 92711
Phone 714-258-4000 ext 8175

I hereby authorize my employer to deduct the amount specified above, from salary or wages. I also authorize my employer to transmit the deduction to SchoolsFirst Federal Credit Union. I will authorize changes to the amount deducted from my salary or wages. This authorization will continue in effect until my employment is terminated or until I submit a timely written notice of cancellation to my employer on the prescribed form. The first deduction is to be taken from my earnings on the next possible pay date contingent upon meeting payroll deadlines.

NOTE: PAYROLL DEDUCTION TO YOUR SchoolsFirst FCU ACCOUNT IS NOT AVAILABLE FOR WITHDRAWAL UNTIL FUNDS ARE POSTED. (Payroll deposits the funds the 26th payroll of the month.)

Employee/Member Signature

Date

Payroll use only:

Fax copy SchoolsFirst FCU: _____

Processed: _____

Date: _____