CAMPUS FEDERAL CREDIT UNION
PAYROLL DEDUCTION

SOCIAL SECURITY NUMBER

NAME (Print Last, First, MI)

ADDRESS

CITY, STATE, ZIP

DAYTIME PHONE NO.

CHANGING FROM $ _____ TO $ _____

EFFECTIVE DATE: _____

COMPANY / DEPARTMENT

Type of Employee (LSU Only)
(check one)

____ Academic (9 month)

____ Salary/Academic/GA (12 months)

____ Civil Service or Transient (paid biweekly)

Entry Date ____/____/____

by _____ LSU

Shaded area completed by Payroll

I HEREBY AUTHORIZE MY EMPLOYER, UNTIL FURTHER NOTICE FROM ME, TO CHANGE THE AMOUNT OF MY REGULAR CREDIT UNION DEDUCTIONS FROM MY PAYCHECK AS FOLLOWS:

AMOUNT	ACCOUNT NUMBER	SHARE TYPE OR LOAN NUMBER

_____ **TOTAL** (This total represents the amount that will be deducted from your pay check.)

PLEASE BE ADVISED THAT THE ABOVE INFORMATION WILL BE KEPT ON FILE WITH YOUR PAYROLL DEPARTMENT.

Employee Signature _____

Date _____/_____/_____

_____
DATE PROCESSED
(C.U. use only)