

**PRIORITY FEDERAL  
CREDIT UNION**

PO Box 10969  
Russellville, AR 72612-0969  
Fax: 479-SB0-8014  
Web: www.pnontyfederal.us  
Email: priorityfederaf@cox-internet.com

**PAYROLL DEDUCTION AUTHORIZATION / CHANGE FORM**

To The Paymaster of:

Ref: Employee Name:

CU Account Number:

Social Security Number:

I hereby authorize you to deduct the following amount from my check:

\$ \_\_\_\_\_ Each \_\_\_\_\_ semi-monthly pay period,  
\_\_\_\_\_ monthly pay period,

Beginning with the \_\_\_\_\_ payroll distribution, and continue until further notice from me. And, please remit to the Priority Federal Credit Union.

This form supercedes all previous authorization/change forms, and is authorized per a request by our Member on

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