

Change in Payroll Deduction Authorization Form

(To change deposit deduction amount and/or change loan deduction amount)

Harrison Teachers' Federal Credit Union

P.O. Box 789
Harrison, NY 10528

Located in back of Berlanti Building – Under Awning
33 Oakland Avenue

Office- (914) 777-2935 Fax- (914) 777-3915

www.HarrisonTeachersFCU.com

Name: _____

Date: _____

Building: _____ Cell/Home Number: _____ CU Acct. #: _____

I am a: 10 month employee _____ 12 month employee _____

I hereby authorize the Harrison Central School District to deduct from monies due me the sum of \$ _____ per pay period to be paid directly to the Treasurer of the Harrison

(Total Amount)

Teachers' Federal Credit Union, as follows:

I would like \$ _____ to be deposited in my **shares account**
(write new amount here **or** please write the old amount here to be continued).

I would like \$ _____ to be paid on **my loan**
(write new amount here **or** please write the old amount here to be continued).

Please submit completed form to: the Harrison Teachers' Federal Credit Union (HTFCU) via interschool or regular mail. For further questions, please refer to our brochure, website or see your credit union representative in your building.

Signature

Date