

Initial Payroll Deduction Authorization Form

For new accounts **ONLY**

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: _____ Cell/Home Phone Number: _____

Building: _____ Job Title: _____

Home Email Address: _____

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 Teachers' Federal Credit Union.

I would like \$ _____ deposited in my shares account.

(Should be same amount as above).

To open an account and become a member: Please submit a **check** in the amount of **\$25.00** payable to **HTFCU**, as well as a **New Member Enrollment Card** and a **copy of 2 forms of picture ID (Driver's License/Non-Driver's ID and Work ID)**. Place in regular or interoffice mail. Once account is opened a receipt and account number will be mailed to you.

A minimum of \$25.00 must remain in your account to keep it open. For further questions, please refer to our brochure, website or see your credit union representative in your building.

Signature

Date