

EMPLOYEE PAYROLL DEDUCTION/DIRECT DEPOSIT FORM

Employee Name (as shown on check) _____

SSN: _____ Home Phone: _____

Home Address: _____ City/State/Zip: _____

Employer Name and Phone: _____

Complete Applicable Item Below

_____ ESTABLISH NET CHECK

_____ CANCEL NET CHECK

_____ Change Net Check to Financial Institution

_____ Establish an allotment (payroll deduction) in the amount of \$ _____

_____ Change my present allotment (payroll) from \$ _____ to \$ _____

_____ Cancel my allotment (payroll deduction) in the amount of \$ _____

The effective date of this request is _____ or the next pay period.

I certify that I am entitled to the payment identified above. I understand that this information will be used to transfer my salary or a portion of my salary to TruService Community Federal Credit Union to the amount I have designated. This information may be disclosed to an appropriate government agency for law enforcement purposes or when pertinent, in a legal proceeding to which this company is a party or has an interest. I understand that completion of this form is voluntary; however, if this information is not provided, my desires may not be met.

Employee Signature

Date

*******To be completed by Financial Institution*******

Financial Institution Information:

TruService Community Federal Credit Union
PO Box 25636
Little Rock, AR 72221-5636
Ph. 501-225-3636

Financial Institution Routing Number:

282075390

Employee's account number to be credited:

_____ Savings _____ Checking

Authorized By:

Name: _____ Title: _____

Signature: _____ Date: _____