Mercer County NJ Teachers'
Federal Credit Union
Golden Crest Corporate Center
2271 State Hwy #33 Suite 108 Hamilton Square, NJ 08690

(609) 586-6669
FAX (609) 586-1142
E MAIL: info@mcnjtfcu.org

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member _____ Member Acct. No. _____

Address _____ SS# xxx-xx-_____

City_____ State_____ Zip_____ Phone Home ( )_____ Work ( )_____

☐ Initial Authorization ☐ Change in Authorization ☐ Stop Authorization

I hereby authorize my Employer to deduct from my salary the amounts set forth below and deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my Employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my Employer and the Credit union are directed to make and apply deductions in accordance with this Authorization.

Employer (Select)

Total Payroll Deduction $ _____ Payroll Period ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Semi-Monthly

Signature _____ Effective Date _____

DISTRIBUTION OF PAYROLL DEDUCTION

By signing above, I authorize the Credit Union to apply my payroll deduction for each pay period as follows:

SAVINGS	$_____	HOLIDAY CLUB	$_____
CHECKING	$_____	VACATION CLUB	$_____
TINY TYKE	$_____	SUMMER SAVINGS CLUB	$_____
OTHER	$_____	OTHER RELATED ACCTS. NO.	_____

PAYROLL DEDUCTION INFORMATION: I understand that I have the choice of paying loans directly or by means of payroll deduction. I understand that if funds are accumulated, I may withdraw them before they are credited to my loan account (s); but if I do that, I must make other arrangements to meet my scheduled loan payments(s). Under the credit union payroll deduction plan, funds are credited to my account(s) immediately when received in identifiable form.