

PAYROLL DEDUCTION FORM

(Form can be faxed, delivered or mailed to a credit union office. Fax # 417-820-7782)

Name _____

Acct # _____

Employee# _____

Physicians Payroll Yes

No

Start

1st Share _____

Loan _____

Change

12 Share _____

Loan _____

Stop

13 Share _____

Loan _____

Xmas _____

Loan _____

Effective date on Paycheck

(PRENOTE DATE)

Checking _____

TOTALS _____

(Per pay period)

STARTS CAN TAKE UP TO 2 PAY PERIODS TO RECEIVE!!!

I hereby authorize you to deduct the following amount from my pay each payroll period until further notice and deposit in the Mercy Credit Union. Routing # 286586416.

Signature _____ Date _____ Phone # _____

Teller #