SAN PATRICIO COUNTY TEACHERS F.C.U.

Employer Payroll Deduction Authorization

Payroll Deduction Form Instructions:

1. Print this form and complete all required information
2. Sign the form.
3. Fax form to 361-364-2132

Member Name:	Member Account #:
Employer	Social Security Number:

Home Phone:	Work Phone

Cell Phone:	E-Mail:

☐ Initial Authorization ☐ Change in Authorization

I hereby authorize my Employer to deduct from my salary the amounts set forth below and to 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 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.

Deposit Amount _____ Net Check or _____ per payroll period

☐ Weekly
☐ Biweekly
☐ Monthly
☐ Semi-Monthly

Credit Union Routing number: 3149-8909-5

_____ _____
Signature Effective Date

For Credit Union Use Only
Do not send this portion to Employer

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

$_____ Share Savings $_____ Share Checking $_____ Loan # _____

$_____ Loan # _____

$_____ Loan # _____

$_____ Loan # _____

P. O. Box 850
Sinton, Texas 78387

Phone: (361) 364- 3683
Fax: (361) 364-2132