



Bashas' Associates

Federal Credit Union

Once A Member, Always A Member

735 East Guadalupe Road. Tempe. AZ 85283

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member _____

Address _____

Employer/Store # _____ SSN/TIN _____

Phone Hm () _____ Wk () _____

Initial Authorization Acct. No. _____

Change in Authorization Deduction Amount \$ _____

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 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.

X _____

Signature

Effective Date

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

Net Pay

Distribution

	Formerly	Change to
Share/Savings	\$ _____	_____
Share Draft/Checking	\$ _____	_____
Christmas Club	\$ _____	_____
IRA	\$ _____	_____
Loan #	\$ _____	_____
Loan #	\$ _____	_____
Loan #	\$ _____	_____
Other	\$ _____	_____
Other	\$ _____	_____
Other	\$ _____	_____
TOTAL	\$ _____	_____

CU/PAYROLL USE ONLY

Store # _____

Payroll No _____

Savings \$ _____

Loan \$ _____

Total \$ _____

Print Member Name _____

Member Account No _____

Payroll Week Ending _____

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