

FULDA AREA CREDIT UNION

205 North Saint Paul Avenue
Fulda, Minnesota 56131

826 5th Avenue
Worthington, Minnesota 56187

NEW CHANGE

Account #

#

Name: _____

Address: _____

Street

City

Zip Code

I have authorized the Payroll Supervisor of:

Employee Address Zip Code Phone#

to deduct from my pay each payroll period, until further notice.

\$ _____ Share Savings	\$ _____ Loan # _____
\$ _____ Money Fund	\$ _____ Loan # _____
\$ _____ Checking	\$ _____ Bond _____
\$ _____ IRA	\$ _____ Other _____
	\$ _____ TOTAL

Member's Signature Date

NEW CHANGE

Savings Account #

Name: _____

#

Address: _____

Street

City

Zip Code

To Payroll Supervisor of: _____

Employee

Address

Zip Code

Phone#

Please deduct \$ _____ from my pay each payroll period, until further notice from me, and transmit same to :

FULDA AREA CREDIT UNION

205 North Saint Paul Avenue
Fulda, Minnesota 56131

826 5th Avenue
Worthington, Minnesota 56187

Member's Signature Date

DO NOT SEPARATE CARDS