

Oswego Teachers E. Federal Credit Union

P.O. Box 878

Oswego, New York 13126

PAYROLL DEDUCTION AUTHORIZATION / CHANGE FORM	
Employee Name _____	
Social Security No. _____	
TO PAYMASTER:	
I hereby authorize you to deduct the following amount from my pay: \$ _____ each pay period until further notice from me and transmit same currently to the above named Credit Union.	
<input type="checkbox"/> Start <input type="checkbox"/> Change      Effective Date _____	
Employee Signature _____	Date Signed _____

**OSWEGO TEACHER'S - EMPLOYEES  
FEDERAL CREDIT UNION**

**Starting with the payroll date of:** \_\_\_\_\_

Please post to my accounts as follows:

Savings \$ \_\_\_\_\_      Loans \$ \_\_\_\_\_

Christmas Club \$ \_\_\_\_\_      Summer Savings \$ \_\_\_\_\_

Checking \$ \_\_\_\_\_      Other \$ \_\_\_\_\_

High Yield Savings \$ \_\_\_\_\_      IRA \$ \_\_\_\_\_

Total Deductions \$ \_\_\_\_\_

\_\_\_\_\_  
Signature