

## Payroll Deduction Card

Employee Name	Social Security Number
Member Account Number	
<b>MOCSE Federal Credit Union</b>	
<p style="font-size: small;">In the event that the Employer should make a payroll deposit that the Employer at a later time determines the Employee is not entitled to, the Paymaster/District agrees that The Employer's sole recourse for recovery of this overpayment will be from the Employee and that the Credit Union shall not in any way be responsible to the Employer For such overpayment.</p>	
Paymaster / District	Group #
I hereby authorize you to deduct the following amount from my pay	
<input type="checkbox"/> Start \$ _____	Effective Date _____
<input type="checkbox"/> Change \$ _____ \$ _____	Effective Date _____
From	To
It is my affirmative duty to notify you of my desire to discontinue the instructed deduction, even in the event I file for bankruptcy.	
Employee Signature	Date
<p style="font-size: small;">Please apply these deductions as indicated on the reverse side of this form if no specifications are made then the deduction amount received will be posted to your regular share savings account.</p>	

### Payroll Distributions

- |                   |              |              |
|-------------------|--------------|--------------|
| 1. Member # _____ | S or L _____ | Suffix _____ |
| Surname _____     | \$ _____     |              |
| 2. Member # _____ | S or L _____ | Suffix _____ |
| Surname _____     | \$ _____     |              |
| 3. Member # _____ | S or L _____ | Suffix _____ |
| Surname _____     | \$ _____     |              |
| 4. Member # _____ | S or L _____ | Suffix _____ |
| Surname _____     | \$ _____     |              |
| 5. Member # _____ | S or L _____ | Suffix _____ |
| Surname _____     | \$ _____     |              |
| 6. Member # _____ | S or L _____ | Suffix _____ |
| Surname _____     | \$ _____     |              |