

SEFCU Payroll Deduction Form

Member Name	Account #	Social Security #
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Employer: _____

Total Credit \$ _____
 Union Deduction: _____

- Membership must be established prior to deductions.
- Contact your payroll department for direct deposit.
- Changes in amount may take 1-2 pay periods
- Questions regarding payroll services should be directed to SEFCU's
- Call Center at (518) 452-8183 or from outside area (518), dial 800-727-3328.

Payroll Department:
 I authorize you to deduct the amount specified above, from my pay each pay period and forward to SEFCU. I understand that this authorization may be revoked at any time by written notice to you.

Signature _____ Date _____

Signature required for deduction to be processed.

SEFCU Distribution Only

Total \$ _____

Member Name	Account #	Social Security #
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	Amount	Account#
Mint Share	_____	_____
Checking	_____	_____
Preferred	_____	_____
Holiday	_____	_____
Mort. Holding	_____	_____
IRA Share	_____	_____
IRA Cert.	_____	_____
IRA Misc	_____	_____
Safari	_____	_____
Related Accts.	_____	_____

	Amount	Account#
Auto	_____	_____
Personal	_____	_____
Line of Credit	_____	_____
Home Equity	_____	_____
Share/CD Secured	_____	_____
HELP/Student	_____	_____
Other Loans	_____	_____

- SEFCU initiates distribution changes immediately.
- Distributions to loans are priority.
- Any IRA contributions are credited the year they are received.

Daytime Phone # _____