

6 Abilene Street ■ Aurora, CO 80011 ■ Phone (303) 755-2572 ■ Fax (303) 755-9998

Member Name
Member Number
Social Security # (Last four digits)
Phone Number
Employed By
I authorize Members Federal Credit Union to deduct the following amount(s) from my pay each payroll period until further notice from me and to transmit the same amount to Members Federal Credit Union.
Signature
Date

FOR INTERNAL USE ONLY
Teller Name and #
Effective Payday
ACTION TO BE TAKEN
<input type="checkbox"/> START <input type="checkbox"/> ADD
<input type="checkbox"/> CHANGE <input type="checkbox"/> STOP
PAYROLL GROUPS
<input type="checkbox"/> 103 Auto Transfer 1st of Month
<input type="checkbox"/> 101 COA Biweekly Transfers
<input type="checkbox"/> 104 Non COA Biweekly Transfers

SAVINGS

CURRENT DEDUCTIONS		NEW DEDUCTIONS	
SAVINGS	\$	SAVINGS	\$
LOAN #	\$	LOAN #	\$
LOAN #	\$	LOAN #	\$
LOAN #	\$	LOAN #	\$
VACATION CLUB	\$	VACATION CLUB	\$
CHRISTMAS CLUB	\$	CHRISTMAS CLUB	\$
EDUCATION CLUB	\$	EDUCATION CLUB	\$
MONEY MARKET	\$	MONEY MARKET	\$
OTHER SAVINGS #	\$	OTHER SAVINGS #	\$
X-MEMBER #	\$	X-MEMBER #	\$
X-MEMBER #	\$	X-MEMBER #	\$
X-MEMBER #	\$	X-MEMBER #	\$
TOTAL	\$	TOTAL	\$

CHECKING

CURRENT DEDUCTIONS		NEW DEDUCTIONS	
CHECKING	\$	CHECKING	\$
LOAN #	\$	LOAN #	\$
LOAN #	\$	LOAN #	\$
LOAN #	\$	LOAN #	\$
VACATION CLUB	\$	VACATION CLUB	\$
CHRISTMAS CLUB	\$	CHRISTMAS CLUB	\$
EDUCATION CLUB	\$	EDUCATION CLUB	\$
MONEY MARKET	\$	MONEY MARKET	\$
OTHER SAVINGS #	\$	OTHER SAVINGS #	\$
X-MEMBER #	\$	X-MEMBER #	\$
X-MEMBER #	\$	X-MEMBER #	\$
X-MEMBER #	\$	X-MEMBER #	\$
TOTAL	\$	TOTAL	\$