

PAYROLL DEDUCTION AUTHORIZATION

Name: _____ / _____ / _____
Last First Middle Initial

Address: _____

City: _____ State _____ Zip _____

I hereby authorize _____ facility to deduct from each pay period the following amount: \$ _____ effective immediately for deposit to my account # _____

at SD Medical Federal Credit Union located at 8889 Rio San Diego Drive Ste 100, San Diego, CA 92108.

I understand that payroll deductions are optional, and that the credit union will post them to my account upon receipt. I also understand that these funds will not be available to me until posted to my account.

Signature Date Account Number

ABA / Routing Number: 322281439

