



Please submit completed form to a local branch, fax to 301-759-3529, or mail to PO Box 1377, Cumberland, MD 21502

# ★★ PAYROLL DEDUCTION AUTHORIZATION ★★

NEW  CHANGE

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_

Member Account #: \_\_\_\_\_

Primary Account for Deduction: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company ID: \_\_\_\_\_

### ALLOCATIONS TO:

Share/Savings: \$ \_\_\_\_\_

Share Draft/Checking: \$ \_\_\_\_\_

Christmas Club: \$ \_\_\_\_\_

Vacation: \$ \_\_\_\_\_

Other \_\_\_\_\_: \$ \_\_\_\_\_

Loan # \_\_\_\_\_: \$ \_\_\_\_\_

Loan # \_\_\_\_\_: \$ \_\_\_\_\_

Loan # \_\_\_\_\_: \$ \_\_\_\_\_

### TRANSFER TO OTHER MEMBER ACCOUNTS:

Member Account # \_\_\_\_\_: \$ \_\_\_\_\_

Member Account # \_\_\_\_\_: \$ \_\_\_\_\_

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_