

**PAYROLL DEDUCTION CARD**

Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Account No. \_\_\_\_\_

Employer \_\_\_\_\_ Terminal/Plant No. \_\_\_\_\_ *This document will be processed upon receipt.*

**I authorize you to deduct \$ \_\_\_\_\_ in total per pay period.**

This authorization supersedes any previous ones. I understand that I am to terminate payroll deduction in the same method in which I began it, namely completing a new Payroll Deduction Card and sending to the Credit Union. I wish to continue making my loan payments by payroll deduction until such time as I decide to terminate it by that method as to future deductions, even in the event of bankruptcy. My deduction should be allocated to the following accounts:

Share Savings..... \$ _____ <i>(for savings and loan payment transfers)</i>	Vacation ..... \$ _____
Special Shares..... \$ _____	Christmas Club ..... \$ _____
IRA <i>(trust agreement required)</i> ..... \$ _____	Checking ..... \$ _____
Roth IRA ..... \$ _____	# _____ \$ _____
Educational IRA ..... \$ _____	# _____ \$ _____

I am paid:  Weekly  Bi-Weekly  Semi-Monthly  Monthly

By signing below I authorize my employer to share information with ABFCU.



**ARKANSAS BEST  
FEDERAL  
CREDIT UNION**

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

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