

Payroll Allotment Authorization Form

Please check with your employer in case they have a special form for you to fill out. Otherwise, print and complete this form and fax to (205) 985-2837 or mail to:

Alabama Telco Credit Union

Attn: Accounting

P.O. Box 360287

Birmingham, AL 35236

Last Name: _____

First Name: _____ Middle Initial: _____

Social Security Number: _____

Full Company Name: _____

Work Phone Number: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Payroll Type:

Bi-weekly - Clerical

Weekly

Bi-weekly - Plant

Semi-Monthly

Monthly

----- **Check One:** -----

Fixed Amount

\$ _____

Enter the total amount you wish deducted each pay period. To cancel, enter 0.00

Net Pay

Check this box if you wish to have an amount deducted each pay period equal to your net pay. (Note: This option is available only if specified by the Credit Union)

TO BE COMPLETED BY CREDIT UNION:

Name of Credit Union: Alabama Telco Credit Union

EFT Transit Routing No.: 262087528

Alabama Telco Account No.: _____

Effective at once and continuing until cancelled, I hereby authorize my employer to make deductions from my pay and to remit such deductions to the Alabama Telco Credit Union. In the event of my transfer to a payroll with a different payroll period, I authorize my employer to convert the stipulated amount to correspond with such payment period. This cancels all my previous Alabama Telco Credit Union Payroll Allotment Authorizations.

It is understood and agreed that neither my employer nor any officer or agent thereof shall be held liable or responsible for loss from any cause of amounts thus deducted and remitted to the Credit Union or for any change in rules or regulations of such Credit Union.

I further authorize my employer to reduce or cancel the amount of this authorization upon notification to do so from the Credit Union. If my employer remits funds to the Credit Union to which I am not entitled, I authorize my employer to direct the Credit Union to return the funds.

Employer Signature (in ink)

Date

Attested Authorized Representative of Credit Union

Date