



School Payroll Authorization

Name: _____ **Routing #:** 325082266

SSN: _____ **Savings Account #:** _____

Current Amount per Month: \$ _____

New Amount per Month: \$ _____

(To cancel payroll deduction, enter \$ 0.00)

By signing this document, I hereby authorize my payroll office to start, change, or cancel, the continuing deduction shown above to School Employees Credit Union of Washington and to make any necessary corrections.

Signature: _____ **Date:** _____

PLEASE DELIVER THIS FORM TO YOUR SCHOOL PAYROLL OFFICE

This section is to be completed by the School Payroll Office if payroll is sent to the Credit Union by check and list. Please disregard this section if your payroll is submitted electronically.

School: _____ Phone: _____

Payroll Effective Date: _____

After processing, please fax this completed sheet to School Employees Credit Union of Washington as soon as possible so we may update our records.

FAX: (206) 628-5322 Toll-free FAX: 1-877-330-0007