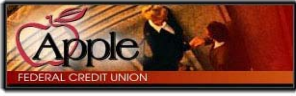


PAYROLL DEDUCTION AUTHORIZATION



- New Deduction
- Change
- Cancellation
- Redistribution

Credit Union Account # _____

Date _____

STAFFORD COUNTY PUBLIC SCHOOLS

I hereby authorize my employer to deduct \$ _____ (Total Amount) from my salary each pay day beginning _____ to be remitted to Apple Federal Credit Union for credit to my account(s) as specified below. This authorization will remain in effect until I terminate it in writing. I understand that in the event my employer (Stafford County Public Schools) notifies Apple Federal Credit Union that I am not entitled to the funds deducted from my paycheck, the Credit Union is authorized to debit my account in the of the deposit and return the same to my employer. **The notice from the employer to the Credit Union must be made in writing within (7) days of the payday in order to be effective.** The Credit Union shall have no liability with regard to the return of such funds.

List **ALL** amounts, not just changes

Share Savings Account	-00	Amount	\$	
Checking	-17	Amount	\$	
Holiday Club	-60	Amount	\$	
Vacation Club	-65	Amount	\$	
IRA Share	-80	Amount	\$	
Loan Number	-	Amount	\$	
Other Account	-	Amount	\$	
Total Amount		\$		

Must match total listed in above paragraph

(For direct deposit, please refer to the direct deposit form)

Print Name _____

Signature _____

Address _____

SSN _____ Phone # (____) _____ - _____