



St. Tammany

FEDERAL CREDIT UNION

Effective Date:

STPSB Payroll Deductions

The following information must be completed in order to process your STPSB payroll deduction request:

Please Print:

Name: _____

Account Number: _____ Social Security Number: _____

Payroll Frequency: Monthly Semi-Monthly

I authorize STPSB to make the following deduction from each paycheck for my St. Tammany FCU account(s):

From \$ _____ To \$ _____

If this deduction is to make my scheduled loan payment(s) and it does not begin or is interrupted when the contractual loan payment is due, I understand that is my responsibility to assure that payment is made.

Signature: _____ Date: _____

Distribution Request

Savings: \$ _____ Checking: \$ _____ Money Market: \$ _____

Christmas Club: \$ _____ Vacation Club: \$ _____ Lucky Lagniappe: \$ _____

Traditional IRA: \$ _____ Roth IRA: \$ _____

Loan #: _____ \$ _____ Loan #: _____ \$ _____ Loan #: _____ \$ _____

Loan #: _____ \$ _____ Loan #: _____ \$ _____ Loan #: _____ \$ _____

Other: Acct # _____ \$ _____ Acct # _____ \$ _____

Acct # _____ \$ _____ Acct # _____ \$ _____

Acct # _____ \$ _____ Acct # _____ \$ _____

Credit Union Use Only

Date Received: _____ Staff Signature: _____

Allocation Set up by: _____ Date: _____