

Payroll Deduction Auth/Change – Use Ballpoint Pen or Type	
Employee Name	Account No.
Social Security No.	
Edco Federal Credit Union, 1165 North Ridge Road E., Lorain, Ohio 44055	
To Paymaster:	
I hereby authorize you to deduct the following amount from my pay: \$ _____ each pay period until further notice from me and transmit same currently to the above named credit union. <input type="checkbox"/> Start <input type="checkbox"/> Change Effective date _____	
Employee signature	Date signed
This deduction is to be credited as follows: Shares _____ Share Drafts _____ Loans _____ Loan _____ Loan _____ IRA Acct. _____ Christmas Club _____ Kids Account _____ Other _____	

Fax or mail to:

Edco Federal Credit Union
 1165 North Ridge Road E.
 Lorain, Ohio 44055
 Phone 440-233-4878
 Fax 866-936-6950