

# FULDA AREA CREDIT UNION

205 North Saint Paul Avenue  
Fulda, Minnesota 56131

826 5th Avenue  
Worthington, Minnesota 56187

NEW  CHANGE

Account #

#

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Zip Code

I have authorized the Payroll Supervisor of:

\_\_\_\_\_  
Employee Address Zip Code Phone#

to deduct from my pay each payroll period, until further notice.

\$ _____ Share Savings	\$ _____ Loan # _____
\$ _____ Money Fund	\$ _____ Loan # _____
\$ _____ Checking	\$ _____ Bond _____
\$ _____ IRA	\$ _____ Other _____
	\$ _____ TOTAL

\_\_\_\_\_  
Member's Signature Date

NEW  CHANGE

Savings Account #

Name: \_\_\_\_\_

#

Address: \_\_\_\_\_

Street

City

Zip Code

To Payroll Supervisor of: \_\_\_\_\_

Employee

Address

Zip Code

Phone#

Please deduct \$ \_\_\_\_\_ from my pay each payroll period, until further notice from me, and transmit same to :

## FULDA AREA CREDIT UNION

205 North Saint Paul Avenue  
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826 5th Avenue  
Worthington, Minnesota 56187

\_\_\_\_\_  
Member's Signature Date

DO NOT SEPARATE CARDS