

DILLARD'S FEDERAL CREDIT UNION  
PAYROLL AUTHORIZATION

ENTIRE FORM MUST BE COMPLETED AND SIGNED.

NAME (PRINT) \_\_\_\_\_

Associate Identification Number (AIN) \_\_\_\_\_ STORE NO. \_\_\_\_\_

Please change my payroll deduction for my credit union account to the following amounts:

REGULAR SAVINGS \$ \_\_\_\_\_ CLUB \$ \_\_\_\_\_ CHECKING \$ \_\_\_\_\_

INDIVIDUAL RETIREMENT \$ \_\_\_\_\_ HEALTH SAVINGS ACCOUNTS \$ \_\_\_\_\_

LOAN # \_\_\_\_\_ \$ \_\_\_\_\_ LOAN # \_\_\_\_\_ \$ \_\_\_\_\_ LOAN # \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL DEDUCTION WEEKLY** \$ \_\_\_\_\_

MARK HERE TO STOP YOUR WEEKLY DEDUCTION:  
PLEASE CANCEL MY WEEKLY DEDUCTION \_\_\_\_\_

**YOU CANNOT CANCEL A DEDUCTION ON A LOAN PAYMENT. IF YOU WISH TO CHANGE  
TO A MONTHLY PAYMENT, PLEASE CALL THE CREDIT UNION.**

CU INITIALS \_\_\_\_\_  
DATE \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

-----



STORE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ Associate Identification Number \_\_\_\_\_

**I AUTHORIZE DILLARD'S INC. TO WITHHOLD FROM MY WEEKLY PAYROLL CHECK TO  
BE REMITTED TO DILLARD'S FCU.**

DILLARD'S CREDIT UNION SAVINGS, CHECKING, LOANS \$ \_\_\_\_\_

DILLARD'S CREDIT UNION HEALTH SAVINGS ACCOUNT \$ \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_