

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: _____