

BOSTON COLLEGE

Credit Union Payroll Deduction Change Notice



University Credit Union
846 Commonwealth Avenue
Boston, MA 02215
Phone: (617)739-7447
Fax: (617)739-8346

Last Name:	Social Security #:
First Name:	Credit Union Account #:
Middle Initial:	

I have this day authorized my employer **BOSTON COLLEGE** to deduct \$ _____ from my wages

EACH PAYROLL PERIOD weekly monthly

The University Credit Union is authorized, upon receipt of my payroll deductions, to apply the deductions as follows:

SHARES (Reg. Savings)	\$
MONEY MARKET DRAFTS	\$
IRA	\$
VACATION CLUB	\$
HOLIDAY CLUB	\$
LOAN(S)	\$
N.O.W. CHECKING	\$
HOLIDAY ACCOUNT	\$

I understand that I am to terminate payroll deduction in the same method in which I began it. I wish to continue making my loan payments by payroll deduction until such a time as I decide to terminate that method as to future deductions, even in the event of bankruptcy, and if I fail to so terminate, I request that payments continue to be made voluntarily to the loan in accordance with my prebankruptcy instructions. (Subject to University Credit Union Approval)

Signature of Member _____ Date _____

Credit Union Authorized Signature _____

THIS FORM REPLACES ALL PREVIOUS PAYROLL DEDUCTIONS

Mail or Fax This Form Directly to the Credit Union.