



Payroll Deduction Form

Soc. Sec. # \_\_\_\_\_

District # \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Name (Print) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby make application for deductions to the AAEC Credit Union and authorize my employer to deduct \$ \_\_\_\_\_ from each paycheck. I further authorize my employer to remit said deductions to the AAEC Credit Union. This authorization is to remain in effect until you are notified by me in writing.

Signature \_\_\_\_\_

\*If you are making a change to an existing payroll deduction, please be certain to include any current obligations in your total dollar amount. Feel free to call us at 847-392-1922 for further assistance. Return your completed form to your payroll department or AAEC.