

## **Payroll Deduction Form**

	Soc. Sec. #			
District #	School		Date	
Name (print)		Home Address		
City		State	Zip	
from each paycheck.			employer to deduct \$AAEC Credit Union. This authoriza	
	Signa	ature		

\*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.