

City of Boston Credit Union Payroll Deduction Request



If you are already a member print this form, mail completed and signed form to City of Boston Credit Union, Room 242, City Hall, Boston, MA 02201 or fax to (617) 635-3168. If you are not a member please complete a New Membership Application.

MEMBER INFORMATION (Please Print)

Member Number _____

First Name _____ Last Name _____ MI _____

Address _____ City _____ State _____ Zip _____

DEDUCTION REQUEST

Please deduct a total \$ _____ from my check to the following accounts that are currently open.

Please check: New Deduction Change of Deduction(s)

Share (Savings) \$ _____ NOW (Checking) \$ _____ Money Market \$ _____

Please open and/or start a payroll deduction for:

Holiday (November) \$ _____ Vacation (May) \$ _____ Thrift (February) \$ _____ All Purpose (August) \$ _____

For a total deduction of \$ _____ (must match the total listed under Deduction request above) This amount should not include Loan deduction.

Member Signature: _____ Date: _____

Deduction will be taken with each payroll either weekly, monthly, semi-monthly or bi-weekly depending on your payroll schedule. To stop payroll deductions, simply send/fax us a letter with your account number and signature indicating the deductions you want stopped. Please see our Electronic Funds Transfers Agreement for disclosures regarding this account.