



P.O. Box 2737, Camden, NJ 08101

Account #: _____

S.S. #: _____

Previous Deduction \$: _____

New Deduction: _____

I authorize the above amount to be deducted from my pay each pay period and distributed as follows:

Regular Savings (0)	_____	Checking (9)	_____
I.R.A. (2), (3)	_____	Loan (_____)	_____
Vacation Savings (4)	_____	Loan (_____)	_____
Christmas Savings (5)	_____	Loan (_____)	_____
All Purpose Savings	_____	Other # _____	_____
		Total All Deductions:	_____

I understand that when my loan(s) is fully repaid, my payroll deduction amount will continue and the amount of the loan payment will be applied to my regular savings until I submit a new payroll deduction card.

Pay Period: Semi-Monthly _____ Weekly _____ Bi-Weekly _____

Location: _____

Signature: _____ Date: _____

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