Payroll Deduction Authorization
Baptist Hospital Payroll Deduction

Member:_____ **Employer:**_____

Home Phone:_____ **Social Security:**_____

Work Phone:_____ **Account Number:**_____

Payroll Number:_____

New Deduction _____ **Change Deduction**_____

I hereby authorize my Employer to deduct from my salary the amounts set forth below and to deposit these funds at the Credit Union for each payroll period following receipt of the authorization until further notice from me. If this is a change in a previous Authorization, I instruct my Employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my Employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization.

Deposit Amount $_____ **each payroll period:**

_____**Weekly**
_____**Bi-Weekly**
_____**Monthly**
_____**Semi-Monthly**

Signature	**Date Signed**	**Effective Date**

By signing above, I authorized the Credit Union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking	**Suffix #**_____	**$**_____
Share/Savings	**Suffix #**_____	**$**_____
Money Market	**Suffix #**_____	**$**_____
Loan #_____	**Suffix #**_____	**$**_____
Loan #_____	**Suffix #**_____	**$**_____
IRA_____	**Suffix #**_____	**$**_____
Other _____	**Suffix #**_____	**$**_____
Other _____	**Suffix #**_____	**$**_____