

Other State Agency Payroll Withholding Form

Memorandum

FROM:

DATE: _____

TO:

SUBJECT: Payroll Withholding

Conservation Employees' Credit Union Deduction Code: 12020

Name: _____ Credit Union Account Number: _____

Social Security Number: _____

I am employed by the State of Missouri:

Department, Agency, or Division Name

I hereby authorize **Conservation Employees' Credit Union** to deduct the following amount from each semi-monthly paycheck:

New Start _____ Change _____ \$ _____ Semi-Monthly
Deduction

Effective Date: _____

Signature of Employee: _____

Date: _____

This form is to be returned to your payroll department. This form will not take effect until your payroll department initiates the change. Please mail or fax a copy to the credit union for our records.

Information needed by Credit Union:

Please distribute the above amount to my account as follows:

\$ _____ Share (savings)	\$ _____ Share Draft	\$ _____ Other
\$ _____ Christmas	\$ _____ Loan	\$ _____ Other
\$ _____ Secondary Share	\$ _____ Loan	

Please note - this form is not to be used by Missouri Department of Conservation employees. Please use the "Authorization for Salary Withholding" form.

Conservation Employees' Credit Union

PO Box 180 · Jefferson City MO · 65102

573-522-4000

Fax: 573-526-4715