## Other State Agency Payroll Withholding Form

## Memorandum

FROM:			DATE:		
TO:					
SUBJECT: P	ayroll Withholding				
	Conservation	n Employees' Cre	dit Union Dedu	action Code: 12020	
Name:			Credit Union Account Number:		
Social Securi	ty Number:				
I am employe	ed by the State of Misso	ouri:			
Department,	Agency, or Division Na	ame			
I hereby authomonthly payo		nployees' Credit \	U <b>nion</b> to deduct	the following amount from each ser	mi-
	Change	\$		Semi-Monthly Deduction	
	Employee:				
Date:					
effect until the credit u		artment initiate cds.	s the change	ent. This form will not take . Please mail or fax a copy t	:0
\$	Share (savings) Christmas Secondary Share			\$ Other \$ Other	

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

Conservation Employees' Credit Union PO Box 180 · Jefferson City MO · 65102 573-415-2220 Fax: 573-415-2228