



Office Use Only
Employee #: _____
Employee Initials: _____
Date Received: _____

SC STATE CREDIT UNION ACH/Payroll Deduction Authorization

First	Middle	Last
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Address	City	State	Zip Code
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State Department Code	The Citadel Military College Agency Name
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Payroll Number	ACH Name
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171 Moultrie Street	Charleston,	SC	29409
Employer's Address	City	State	Zip Code

843/953-3128	Vickie Williamson
Telephone Number (ACH or Payroll)	Contact Person (ACH or Payroll)

NOTE: The amount you authorize will be deducted each pay period.

_____ Start	_____ Savings	\$ _____
_____ Change	_____ Checking	\$ _____
_____ Stop	_____ Christmas Club	\$ _____
	_____ Loans	\$ _____
Total.....		\$ _____

I hereby authorize a deduction of \$ _____ to be sent to the SC State Credit Union each pay period.
(Total)

Date	Member Signature
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