

STATE EMPLOYEES CREDIT UNION

Payroll Deduction Authorization Form

www.secuga.org

I, _____, SS# _____, do hereby

authorize the Department of **Superior Courts c/o the Prosecuting Attorneys' Council of GA**

to deduct the following amount from my salary each **Pay Period** beginning _____, 2004

to be remitted to the State Employees Credit Union and credited to my account(s) as follows:

LOANS:

(A) CAR LOAN \$ _____

(B) DEPOSIT LOAN \$ _____

(C) LINE OF CREDIT \$ _____

(D) OTHER \$ _____

(E) HOME LOAN \$ _____

LOAN TOTAL \$ _____

SAVINGS:

(A) REGULAR SAVINGS \$ _____

(B) CHRISTMAS CLUB \$ _____

(C) IRA \$ _____

(D) OTHER \$ _____

(E) CHECKING \$ _____

SAVINGS TOTAL \$ _____

GRAND TOTAL \$ _____

This authorization for deductions shall continue until canceled by me in writing. If this deduction is for repayment of loans, I wish to continue making my loan payments by payroll deduction until such time as I decide to terminate deductions, even in the event of bankruptcy, and if I fail to so terminate, I request that payments continue to be made voluntarily to the loans in accordance with my pre-bankruptcy instructions. Should I for any reason leave the payroll of this department before all loans are repaid, I authorize my department to remit to the State Employees Credit Union any moneys to which I might be entitled. These funds will be credited to my loans until I have made satisfactory arrangements with the credit union for repayment of my loans. Further, I authorize the Credit Union to provide a copy of this card and such other information as may be needed to my employer in order to facilitate my request for payroll deposit.

DATE

SIGNATURE

In order to complete this process, you must Sign and Return this form to the Credit Union.