



School Payroll Authorization

New Request

Amount Change

Cancellation

Name:

Transit Routing #: 325082266

SSN:

Checking:

(Checking or Savings) (Account Number)

Amount per month: \$

Savings:

By signing this document, I hereby authorize my payroll office to make the continuing deduction shown above to School Employees Credit Union of Washington and to make any necessary corrections.

Signature:

Date:

Attention Member: please deliver this form to your School Payroll Office.

This section is to be completed by the School Payroll Office if payroll is sent manual check and list.
Please disregard this section if your payroll is submitted electronically.

School:

Phone:

Payroll Effective Date:

After processing, please fax this completed sheet to School Employees Credit Union of Washington as soon as possible so we may update our records.

FAX: 206-628-5322

Toll-free FAX: 1-877-330-0007