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FACSIMILE TRANSMITTAL SHEET

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**TO:**  
Payroll Department

**FROM:**

**COMPANY:**  
School Employees Credit Union  
of Washington

**DATE:**

**FAX NUMBER:**  
Local: 206-676-3630  
Toll-free: 1-877-330-0007

**TOTAL NO. OF PAGES INCLUDING COVER:**

**PHONE NUMBER:**  
Direct: 206-628-6055, option 3  
Toll-free: 1-888-628-4010  
ext. 6055, option 3

**SENDER'S REFERENCE NUMBER:**

**RE:**  
Manual Payroll List

**PAY DATE:**

URGENT - PAYROLL LIST

ENVELOPE REQUEST

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**NOTES / COMMENTS:**

Please use this cover sheet:

- To FAX your payroll list to us before pay day or
- To request additional postage-paid envelopes to mail us your warrant.  
(Please note: it is not necessary to mail another list with your warrant.)

If you have any questions, please call us.

Thank you.