bluestone
FEDERAL CREDIT UNION

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Payroll Deduction Authorization

Member Name _____ C.U. Account # _____

Soc. Sec. # _____ Total Biweekly Deduction _____

Work Phone _____ Routing # _____

☐ Initial Authorization ☐ Change in Authorization

I hereby authorize BCBSM to deduct from my salary the amounts set forth below and to deposit these funds at the Bluestone Federal Credit Union for each biweekly payroll period beginning the effective date shown and continuing until further notice from me. If this is a change in previous Authorization, I instruct BCBSM to cancel my previous Authorization and to follow this new Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, BCBSM and the Credit Union are directed to make and apply deductions in accordance with this Authorization.

Total Biweekly Deduction $ _____

X _____
Member Signature Effective Date

X _____
C.U. Staff Person Today's Date

_____
Print Member Name Acct. #

By signing above, I authorize the Bluestone FCU to apply my payroll deduction for each pay period as follows:

Share (Savings) -A	$ _____
Share (Other) -	$ _____
Loans	
#1 Suffix _____	$ _____
#2 Suffix _____	$ _____
#3 Suffix _____	$ _____
#4 Suffix _____	$ _____
Escrow -E	$ _____
Holiday -H	$ _____
Vacation -V	$ _____
Family Accounts	
Acct # _____ - _____	$ _____
Acct # _____ - _____	$ _____
Acct # _____ - _____	$ _____
Other _____	$ _____
TOTAL	$ _____

_____
Signature

_____
Effective Date

_____
C.U. Staff Person

_____
Today's Date