Tulare County Teacher's Federal Credit Union

AUTHORIZATION FOR CREDIT UNION DEDUCTIONS

I hereby request that Tulare County Office of Education **deduct the amount listed below from my payroll warrant to be deposited into my account with the Tulare County Teachers' Credit Union.**

I understand that I can withdraw this money at any time and of any specified amount by submitting (or mailing) a written request to the:

Tulare County Teacher's Federal Credit Union

P.O. Box 1261
Tulare CA 93274

and

5133 W Walnut
Visalia CA 93277

PLEASE CHECK ONE OF THE FOLLOWING:

____ **I am a member of the Tulare County Teacher's Federal Credit Union**

____ **I have completed my application to join the Tulare County Teacher's Federal Credit Union**

My Account Number is _____

My Social Security Number is _____

Total Amount to be withheld monthly **$** _____

Payroll period (month) in which deductions are to begin: _____, 20 ____

Number of months deduction be withheld ____ 10 ____ 11 ____ 12

TO BE APPLIED AS FOLLOWS:

Shares $ _____ **A. Loans $** _____ **B. Loans $** _____ **C. Loans $** _____

RETURN TWO (2) COPIES TO YOUR SCHOOL OFFICE

Name _____ **Date** _____
(Please Print)

Signature_____

8/00