

THE SCHOOL DISTRICT OF DESOTO COUNTY
AUTHORIZATION AGREEMENT FOR PAYROLL DEDUCTION
FOR SUNCOAST SCHOOLS CREDIT UNION ONLY

EMPLOYEE NAME _____

CREDIT UNION MEMBER NUMBER _____

NEW DEDUCTION: \$ _____ per pay ACCOUNT # CHANGE

DEDUCTION CHANGE: From \$ _____ To \$ _____

PLEASE SELECT: CHECKING **OR** SAVINGS

I authorize The School District of DeSoto County, Florida, to automatically deduct the above stated amount from my paycheck each pay period and send on my behalf to the Suncoast Schools Credit Union. This authorization will remain in effect until I notify the Human Resources Department of a change.

SIGNATURE _____ DATE _____

*****ATTACH A VOIDED CHECK OR CREDIT UNION VERIFICATION SLIP HERE*****

| | |
|--|------------------------------|
| HUMAN RESOURCES DEPARTMENT ONLY | |
| Date Received _____ | Effective Payroll Date _____ |
| BANK ROUTING & TRANSIT #: <u>263182817</u> | |
| ACCOUNT #: | CHECKING _____ |
| | SAVINGS _____ |