

# PAYROLL DEDUCTION AUTHORIZATION



Do you work for one of the sponsor companies listed below? Then sign up for payroll deduction for a quick and easy way to grow your savings at the Credit Union or to make your loan payments. It's so easy. For payroll deduction from any other employer, please contact your Payroll Department directly.

Brinker International · Carlson Wagonlit Travel · Carlson Restaurants Worldwide  
 ClubCorp · Golden Acres · Hagggar Clothing Company · Hilite Industries  
 Publicis · Quick Search · TGI Friday's · Zale Corporation

To initiate this service, simply return the completed form. It typically takes 2 to 3 pay periods for payroll deduction to begin.

If you have any questions, please contact us at 214-273-5094 or 1-800-851-5132.

Name	Daytime Phone Number
Street Address	City, State, Zip Code
Social Security Number	Employer (must be from list above)
LCFCU Account Number	Routing and Transit Number 311080573

**New Request**

**Change in Authorization**

I am paid:     Weekly                       Bi-Weekly                       Semi-Monthly                       Monthly

**PLEASE LIST ALL DISTRIBUTION AMOUNTS  
 (existing deductions that are not listed will be deleted)**

Account Type	Account #	Suffix	Amount
Savings	_____	_____	_____
Money Market	_____	_____	_____
Holiday Club	_____	_____	_____
Checking	_____	_____	_____
Loan	_____	_____	_____
Loan	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
<b>Total Deduction Amount</b>			_____

I hereby authorize my employer to deduct from my earnings, the amounts set forth in this authorization and to deposit these funds at the Credit Union until further notice from me. If this is a change to a previous authorization, I instruct my employer to cancel my previous authorization and to follow this authorization. I understand the deductions will be made on a continuing basis and deductions for paid loans are not discontinued automatically, but are deposited into my savings account. This authorization will remain in effect until cancelled by myself in writing.

**Mail completed form to:**

Las Colinas FCU  
 Attn: Member Services  
 PO Box 630347  
 Irving, TX 75063-0347

**Or fax to:**  
 214-273-7111

\_\_\_\_\_  
 Signature/Date