



Payroll Deduction Form

Employee Name: _____ Date: _____

Participating Payroll Department

I presently have \$ _____ deducted per pay for the Hidden River Credit Union

Beginning with the ____ / ____ / ____ payroll, please change the total amount deducted to \$ _____

Signature: _____ Date: _____

CREDIT UNION MEMBER FORWARD THIS SECTION TO :

Hidden River Credit Union
60 Westwood Road
Pottsville , PA 17901

Phone: (570)-622-3399 Fax: (570)-622-5801

Payroll Office: Schuylkill IU #29

Contact Name: Holly Dolbin

I authorize the Credit Union to disburse the amount withheld from my payroll in the following manner:

Regular Savings (Share Savings):	\$ _____	Checking-Share Draft Checking:	\$ _____
Individual Retirement Account:	\$ _____	Christmas Club Account:	\$ _____
Vacation Club Account:	\$ _____	Tax Club Account:	\$ _____
Loan Payment & Suffix:	\$ _____	Loan Payment & Suffix:	\$ _____

TOTAL DEDUCTION: \$ _____

NAME: _____ CREDIT UNION ACCOUNT NUMBER _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ HOME PHONE NUMBER: _____

SIGNATURE: _____

NOTE: For New Accounts, a \$1.00 entrance fee applied and a \$5.00 minimum deposit is required. All account signature cards must be properly completed and returned to the Credit Union at the address above.