

ASEFCU

Akron School Employees Federal Credit Union

Name _____

Date _____

Account # _____

To Payroll Clerk:

I hereby authorize you to direct deposit the amount of _____ to my Akron School Employees Federal Credit Union account until further notice from me.

Employee Signature

SAVINGS AMOUNT _____

VACATION CLUB AMOUNT _____

CHRISTMAS CLUB AMOUNT _____

SUMMER SAVINGS AMOUNT _____