

Voluntary/Payroll Deduction Authorization

Membership is required. To join today, please complete a Membership application, visit a SchoolsFirst FCU branch or apply online at schoolsfirstfcu.org/Membership.

(To be completed by school employee Member)

Member Name		
Last	First	Middle
District Name		Social Security #
Department / School Name		Select One: <input type="checkbox"/> Classified / Staff <input type="checkbox"/> Certificated / Faculty
Voluntary / Payroll Deduction		
Total amount per month to be deposited (minimum \$250): \$ _____ <input type="checkbox"/> New <input type="checkbox"/> Cancel <input type="checkbox"/> Revise Amount		
Financial Institution Name		Routing Number
SchoolsFirst Federal Credit Union Attn: Payroll Service P.O. Box 11957, Santa Ana, CA 92711-1957		322282001
		Phone Number 800.462.8328, ext. 8175

Summer Saver Enrollment Form

To participate in the Summer Saver program, you must be participating in the School Employee Membership Package (SEMP). To confirm you have the SEMP, call 800.462.8328 or visit a SchoolsFirst FCU branch.

Member Name		Social Security #
Last	First	Middle
District Name		Daytime Phone #
Deposit Amount (Deposits to Summer Saver can only be made through direct deposit or voluntary/payroll deduction.)		
Please have \$ _____ per month (minimum \$50, maximum \$2,000) deposited into my Summer Saver account through:		
<input type="checkbox"/> Please deduct from my _____ direct deposit. (Additional form may be required.) (District Name)		
<input type="checkbox"/> Voluntary/Payroll deduction (Complete form above)		
Additional Deposit Amount		
Please deposit \$ _____ to my <input type="checkbox"/> Checking or <input type="checkbox"/> Savings		
Transfer My Summer Saver Funds		Member Number (SchoolsFirst FCU Use Only)
<input type="checkbox"/> On this date _____ (Must be between June 1 - August 31)		
<input type="checkbox"/> Into my (choose one): <input type="checkbox"/> Checking or <input type="checkbox"/> Savings (Share ID _____)		

Funds will be deposited to your account by SchoolsFirst FCU on the date received from your school district.

I hereby authorize my employer to deduct the amount specified above from my salary or wages. I also authorize my employer to transmit the deduction to SchoolsFirst FCU. Future changes must be authorized in writing. This authorization will continue in effect until my employment is terminated, or until I submit a timely written notice of cancellation to my employer on the prescribed form. The first deduction is to be taken from my earnings on the next possible pay date contingent upon meeting payroll deadlines.

Member Signature _____

Date _____

Mail completed form to:

SchoolsFirst Federal Credit Union
Attn: Payroll Services
P.O. Box 11957, Santa Ana, CA 92711-1957



800.462.8328 schoolsfirstfcu.org