



Northeastern University Federal Credit
Union 360 Huntington Avenue
Boston, MA 02115

Telephone: (617) 373-2900
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Northeastern University Federal Credit Union
Payroll Deduction Authorization

PLEASE PRINT NAME

LAST FIRST M.I.

Social Security No. _____ Acct. No. _____

Date _____ N.U. Department _____ Effective _____

Home Address _____

Start a Deduction from my pay (Amount) \$ _____ per paycheck

Change deduction from \$ _____ to \$ _____ per paycheck

I hereby authorize the Payroll Supervisor to deduct from each paycheck the above stated amount.

Signed _____

C.U. Rep. Signature _____