

Richland Parish School Federal Credit Union
Payroll Deduction Slip

Name _____ Account No. _____

Employee ID No. _____

To: Richland Parish School Board Payroll Department: I hereby authorize you to deduct the following amount from my pay:

Each payroll period

Start \$ _____ Effective payroll date _____

Change From \$ _____ To \$ _____ Effective payroll date _____

Signature of Employee _____ Date _____

(For Office Use Only) Shares _____ Loan _____ Total _____