TTCU
Tulsa Teachers Credit Union
3720 E. 31st Street
P.O. Box 4999
Tulsa, OK 74159-0999

Please complete and return to Melissa in payroll at least two weeks prior to the first deduction. Thank you!

SOCIAL SECURITY OR EMPLOYEE NO	EMPLOYEE NAME	ACCOUNT NO.

SCHOOL SYSTEM

VOLUNTARY AUTHORIZATION FOR PAYROLL DEDUCTION

DEDUCTION TO BE MADE: ☐ MONTHLY ☐ BI-WEEKLY ☐ WEEKLY

I HEREBY AUTHORIZE YOU TO DEDUCT FROM MY SALARY AND PAY TO THE TULSA TEACHERS CREDIT UNION THE SUM OF

$_____, BEGINNING WITH THE MONTH OF _____.

I AGREE THAT THIS AUTHORIZATION SHALL CONTINUE UNTIL CANCELLED OR CHANGED AND THAT A CANCELLATION AND CHANGE REQUEST MUST BE SIGNED BY ME AND BY THE PRESIDENT OF THE CREDIT UNION.

"SINCE THE DEDUCTION IS BEING MADE SOLEY AS AN ACCOMMODATION TO ME, I HEREBY AGREE THAT THE SCHOOL DISTRICT SHALL HAVE NO LIABILITY IN THE EVENT OF ANY ERROR, OMISSION OR FAILURE EITHER IN CONNECTION WITH THE MAKING OF SAID DEDUCTION OR IN CONNECTION WITH THE TRANSMITTAL THEREOF."

SIGNED _____
PRESIDENT

SIGNED _____
MEMBER OF CREDIT UNION

DONOR'S NAME _____ ACCOUNT NUMBER _____

TRLR	MONTHLY AMOUNT
SUB-TOTAL	

RECIPT. ACCT #	TRLR	MONTHLY AMOUNT
SUB-TOTAL		
TOTAL		

PayDeduct