

**SchoolsFirst FCU – STANDARD PAYROLL FORM  
PAYROLL DEDUCTION**

**Employer Information:**

Name of School / School District	County
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**Employee Information:**

Last	First	MI	Social Security #
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Authorization Type (Choose One):

**PAYROLL DEDUCTION:** Total amount to be deposited per pay period: \$ \_\_\_\_\_

NEW     REVISE AMOUNT     CANCEL

**Financial Institution Information:**

Name: SchoolsFirst Federal Credit Union Attn: Payroll Services Department	Routing Number: 322282001
Address: 1485 Response Road, Suite 126 Sacramento, Ca 95815-5261	Phone Number: (800) 462-8328 ext. 8175

I hereby authorize my employer to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. I also authorize SchoolsFirst Federal Credit Union to credit and/or debit the same to the account indicated above. This authorization replaces any previous authorization made by me and will remain in effect until changed or cancelled by submitting a new Payroll Deduction Standard Form.

\_\_\_\_\_  
Employee / Member Signature

\_\_\_\_\_  
Date

# Payroll Distribution / Transfer List

## SchoolsFirst Federal Credit Union

Member Name: Last	First	MI	Social Security #	Account #	Teller #
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### PAYROLL DISTRIBUTION / TRANSFER LIST

Your payroll funds will be distributed as indicated in the chart below.

Account #								
Share ID #								
Amount \$	\$	\$	\$	\$	\$	\$	\$	\$

Excess to Share ID #	
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