



**Cal State L.A.
Federal Credit Union**

Payroll Deduction

(Available to Cal State L.A. employees only)

2445 Mariondale Ave, Los Angeles CA 90032

Phone: 323-505-2600 Fax: 323-505-2613

This form is for Credit Union use. Please do not submit this form to the CSULA payroll office. This form is used to record your preferences for the distribution of your payroll deduction into your credit union account. You can make changes to your deductions at any time as your needs change. Please note that it may take up to one pay period for changes or new deductions to take effect.

Start Change Stop

Member Information:

Name:		Acct #:
Social Security:		
Email Address:		
Home Phone:	Cell:	Work:
Employer: Cal State LA	Send a total of \$	each pay period to CSLA-FCU

Distribution: (where do you want the funds to go in your account)

Account Type	Account # or Suffix	Amount
Checking		
Savings		
Holiday Saver		
Auto Loan		
Personal Loan		
Other: _____		
	Total:	\$

Notes:

You can split your deposit between your checking, savings and loan accounts.

I hereby authorize Cal State L.A. Federal Credit Union to initiate payroll deduction to my CSLA-FCU account(s). This authorization will remain in effect until CSLA-FCU is notified to cancel it in writing, in such time as to afford CSLA-FCU reasonable time to act on my instructions. I represent that I am authorized to execute this authorization and I indemnify and hold harmless CSLA-FCU from damage, loss or claim resulting from my instruction above.

Signature: _____ **Date:** _____