

Human Resources
P.O. Box 210158
Tucson, AZ 85721-0158
Phone 520-621-3662
Fax 520-621-9098

THE UNIVERSITY OF ARIZONA®

Arizona's First University.

CREDIT UNION DEDUCTION AUTHORIZATION

I hereby authorize the University of Arizona to withhold a total of \$_____ from my pay each payday, beginning the effective date requested or the first payday after receipt of this authorization by the University of Arizona Human Resources Department. This withholding is to be submitted in my name to the credit union for my account. This authorization will continue in effect until revoked or revised by me in writing.

(Please Print)

| | |
|----------------------------------|--|
| Name of Employee: | |
| SS Number or EID Number: | |
| Effective Date of Change: | |
| Enrollment Status: | <input type="checkbox"/> Begin <input type="checkbox"/> Change <input type="checkbox"/> Cancel |

Choose One:

VantageWest CU

Arizona State CU

Total Amount To Be Deducted Per Each Pay Period:

\$_____

Note: Distribution of funds to more than one account should be arranged through your credit union.

Signature of Employee _____ Date ____ / ____ / ____

For Official Credit Union Use Only:

For Official UA Human Resources Use Only:

| | |
|---------------------------|---|
| Employee: | Date Received: |
| Branch: | Pay Period: |
| Phone: Ext: | Date Entered: <input type="text"/> |

