WSECU

WASHINGTON STATE EMPLOYEES CREDIT UNION

WSECU Payroll Deduction Card

Important: This card will cancel/replace all payroll deductions currently going to your WSECU account. All funds will be deposited into the primary savings account. Distributions to other accounts that you specify will be made from the primary savings account. To set up loan payments, please call our Contact Center at 800.562.0999 or visit your nearest branch.

Instructions: Please complete this card in its entirety. Cut the card in half where indicated and return the top portion to your employer's payroll department and the bottom portion to your nearest WSECU branch. You can also mail it to: WSECU, PO Box WSECU, Olympia, WA 98507. If you have additional questions, please call our Contact Center.

I authorize a deduction of $_____ per month ($_____ per pay period) to be forwarded to my WSECU savings account, beginning on the pay period dated _____ and continuing until cancelled.
month day year

WSECU Account Number | Social Security Number | Date of Birth

Clover Park School District / 10903 Gravelly Lake Dr SW / Lakewood WA 98499-1341

Agency Name and Location

Member Name (Please Print) | Daytime Phone

Signature | Date

Return this portion to your employer's payroll department

Cut along dotted line

Distributions	**Amount Per Month**	**Amount Per Pay Period**
Savings suffix: _____	$_____	$_____
Suffix: _____	$_____	$_____
Checking	$_____	$_____
IRA	$_____	$_____
Other Account Number: _____ Suffix: _____	$_____	$_____
Number: _____ Suffix: _____	$_____	$_____
Number: _____ Suffix: _____	$_____	$_____
Number: _____ Suffix: _____	$_____	$_____
Total deductions	$ 0.00	$ 0.00

Clover Park School District

Member Name (Please Print) | Account Number | Agency

Signature | Date

Return this portion to WSECU (see above for instructions)