

Payroll Deduction (Bi-weekly)

Name (First / Initial / Last) _____ Employee Number _____ Account Number _____

New \$ _____ Cancel Modify From \$ _____ To \$ _____

Effective as of MM: _____ DD: _____ YYYY: _____

Members Signature _____ Date _____

Staff Signature _____ Date _____

Please print, sign and complete the form.
You can fax, mail or scan email it to memberservices@firecreditunion.ca / 416-440-4271