



Payroll Deduction Card

Please complete this form and Mail or Fax to HEMA FCU.

Mailing Address:

8701 Georgia Avenue
Suite 407
Silver Spring, MD 20910

Fax Number:

(301) 495-0764

PAYROLL DEDUCTION CARD	
NAME:	ACCOUNT NUMBER:
EMPLOYEE NUMBER:	SOCIAL SECURITY NUMBER:
I HAVE THIS DAY AUTHORIZED MY EMPLOYER:	
TO DEDUCT THE FOLLOWING AMOUNT FROM MY PAY, EACH PAYROLL PERIOD, UNTIL FURTHER NOTICE FROM ME: \$	
TODAY'S DATE:	EFFECTIVE DATE:
SIGNATURE OF EMPLOYEE:	