

WEST METRO SCHOOLS CREDIT UNION

5701 NORMANDALE ROAD, EDINA, MN 55424

NAME: _____

SCHOOL/BUILDING: _____

DATE: _____

Please deduct \$ _____ from my paycheck and apply as follows:

\$ _____ to share account _____

\$ _____ to share account _____

\$ _____ to holiday account _____

\$ _____ to loan account _____

\$ _____ to loan account _____

\$ _____ to loan account _____

\$ _____ to loan account _____

Total \$ _____

Start date: _____

Paycode: _____

DISTRICT AUTHORIZATION

Please deduct \$ _____ from my paycheck and send to West Metro Schools Credit Union.

Date: _____

Name: _____

Signature: _____

School/Building: _____

Employee Number: _____

Start date: _____

Paycode: _____

WMSCU: _____

