North Shore LIJ Health System
Federal Credit Union
Payroll Data Input

DATE _____

FOR CREDIT UNION USE ONLY

SAVINGS $ _____

SHARE DRAFT _____

HOLIDAY CLUB _____

VACATION CLUB _____

FAMILY ACCT. _____

IRA _____

LOAN _____

TOTAL $ _____

_____
EMPLOYEE ID

X _____
EMPLOYEE NAME

SS# _____

I AUTHORIZE THE NORTH SHORE-LIJ HEALTH SYSTEM TO DEDUCT $ _____ FROM EACH PAYCHECK TO BE APPLIED ACCORDINGLY AS LISTED ABOVE, IN THE EVENT I TERMINATE EMPLOYMENT OR GO ON LEAVE OF ABSENCE FROM THE NORTH SHORE-LIJ HEALTH SYSTEM. I SHALL CONTINUE TO MAKE THE BI-WEEKLY PAYMENT FOR MY OUTSTANDING LOAN AS PER MY CONTRACT(S).

_____
ACCT.#

_____
DEPARTMENT

_____
MEMBERS SIGNATURE

DEDUCTIONS

DEDUCTIONS CODE		DEDUCTION AMOUNT
CRNS		