

Public Service FCU	
Payroll Deduction/Batch Change Request	
Employee Number:	_____
Employee Name:	_____ _____
Pay Frequency:	Weekly ___ BiWeekly ___
PSFCU Acct Number:	_____
Share:	\$ _____
Share:	\$ _____
Checking:	\$ _____
Loan:	\$ _____
Loan:	\$ _____
Club:	\$ _____
Club:	\$ _____
Other:	\$ _____
TOTAL:	\$ _____
Employee Signature:	_____
Date:	_____
Office Use Only	
Notes:	
Completed (Initial/Date):	

		Last	First	M.I.			
CC No.	Employee No.	Print Employee Name			Wage Type	Account No.	Pay Period Amt.

PUBLIC SERVICE ELECTRIC AND GAS COMPANY
PUBLIC SERVICE GAS DEPARTMENT F.C.U.

PSEG Confidential

BUSINESS CENTER-PAYROLL SERVICES

- I hereby authorize you to deduct the amount indicated from my pay or sick benefits each pay period and remit said amount to the Credit Union indicated. (Use only if there is no deduction presently in effect.)
- Please change the periodic deduction previously authorized to the amount indicated.
- Please cancel the periodic deduction previously authorized by me.

It is understood that in making such deductions and payments, the Company assumes no responsibility to me in respect to the provisions of any contract between me and the Credit Union.

Credit Union Representative	Signature of Employee	Date
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