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**PAYROLL DEDUCTION & TRANSFER
AUTHORIZATION REQUEST FORM**

BISD/BTFCU Payroll Deduction Authorization <input type="checkbox"/>	Account # _____ Payroll Deduction Start Date _____ I, _____ hereby authorize the Brazosport Teachers Federal Credit Union to deduct from my ACCOUNT or DIRECT DEPOSIT the following amounts to be distributed as followed:																
College Payroll Deduction Authorization <input type="checkbox"/>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;">New (N) Delete (D) Change (N)</th> <th style="text-align: left; width: 33%;">Loan # or Savings/Checking</th> <th style="text-align: left; width: 15%;">Old Deduction</th> <th style="text-align: left; width: 19%;">New Deduction</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	New (N) Delete (D) Change (N)	Loan # or Savings/Checking	Old Deduction	New Deduction	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____														
Direct Deposit Authorization <input type="checkbox"/>	Special Instructions: _____																

Transfer File <input type="checkbox"/>	Account # _____ Transfer File Start Date _____ I, _____ hereby authorize the Brazosport Teachers Federal Credit Union to deduct from my ACCOUNT the following amounts to be distributed as followed:																
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It is understood that this authorization may be discontinued at any time and that such a request must be made in writing at least 10 days prior to transfer. A new form must be completed and signed if any changes are to be made to the distribution.

Should my services or employment with the BISD, Brazosport College, or Angleton ISD be terminated for any reason and direct deposit terminated, the remaining balance and all payments due on my note to the Brazosport Teachers Federal Credit Union (including any resulting late fees) will remain the sole responsibility of the borrower(s).

By signing below I also authorize BTFCU to cover any overdrafts from any payroll, ACH, or government paid deposits/checks.

Member Signature	Date Signed	Approved - Superintendent / Business Manager / Dean / Human Resources
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