

**LOUISIANA COMMUNITY & TECHNICAL COLLEGE SYSTEM
EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION**

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

I HEREBY AUTHORIZE MY EMPLOYER TO DEDUCT _____ FROM MY SALARY
UNTIL FURTHER NOTICE AND REMIT SAME TO LA CAPITOL FEDERAL CREDIT UNION.

BI-WEEKLY DEDUCTION TO BEGIN ON: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

THIS FORM SUPERCEDES AND REPLACES ALL OTHER AUTHORITY FOR THIS DEDUCTION.