

Richland Parish School Federal Credit Union
Payroll Deduction Slip

Name_____Account No._____

Employee ID No._____

To: Richland Parish School Board Payroll Department: I hereby authorize you to deduct the following amount from my pay:

Each payroll period

Start \$_____ Effective payroll date _____

Change From \$_____ To \$_____ Effective payroll date_____

Signature of Employee_____ Date_____

(For Office Use Only) *Shares*_____ *Loan*_____ *Total*_____