

3 Year Redeemable Savings Payroll Deduction Application

(Please forward to credit union office via school courier
or by fax: Mississauga 905-795-0625, Barrie 705-737-9946)

Name: _____

Member/Account #: _____

Employee #: _____

I request and authorize the Paymaster of

(Board employed with)

Board of Education effective immediately to deduct the
following amount from my pay each payroll period until
further notice from me and deposit same with the
Ontario Educational Credit Union.

\$ _____ payroll deduction

Signature of employee:

Date: _____

