

**PAYROLL
DEDUCTION
CARD**

Company Name _____
Company Address _____
City _____ State _____ Zip _____
Company Phone # _____

Employee Name _____ Account No. _____
Social Security No. _____

ATLANTIC FEDERAL CREDIT UNION
P.O. Box 618, Kenilworth, NJ 07033, Tel: 908-245-1750

EFT Transit Routing No. **221-276-370** New Change Stop

I authorize you to deduct the following amount from my pay
until further notice and transmit to Atlantic Federal.

\$ _____ per pay period

PAID

- Weekly
- Bi-Weekly
- Monthly
- Semi-Monthly

Employee Signature _____ Date _____

To Credit Union: credit my deduction as follows

Savings \$ _____ Checking \$ _____

AFCU 338