

Washington School Employees Credit Union

School Payroll Authorization

New Request

Amount Change

Cancellation

Name: _____ Transit Routing #: 325082266

SSN: _____ Savings #: _____

Amount per month: _____

By signing this document, I hereby authorize my payroll office to make the continuing deduction shown above to Washington School Employees Credit Union and to make any necessary corrections.

Signature: _____ Date: _____

**To be completed by School Payroll Office if payroll is sent manual check and list.
(Please disregard this section if your payroll is submitted electronically.)**

School: _____

Phone: _____

Payroll Effective Date: _____

After processing, please fax this completed sheet to Washington School Employees Credit Union as soon as possible so we may update our records.

Fax: 206-628-5322

Toll-free Fax: 1-877-330-0007

For additional assistance, please call:
206-628-4106 or 206-628-4223 or toll-free 1-888-628-4010, extension 4106 or 4223