



SECU Payroll Deduction Change Form

Name		Employee ID	
Account Number	<input type="checkbox"/> Savings <input type="checkbox"/> Checking	Credit Union Routing Number	255076753

Deduction Amount

- New Payroll Deduction – \$ _____
- Change of Payroll Deduction – From \$ _____ /Pay to \$ _____ /Pay

Start Date: _____ (deduction will be taken from the first check **after** this date)

I hereby authorize the Payroll/Benefits Department of Anne Arundel County Public Schools to deduct from my pay, each payroll period, the amount specified and transmit this amount to the appropriate account with the State Employees Federal Credit Union.

Employee Authorization Signature

Date

Internal Use Only

HR System Update: _____ By: _____

Effective Date: _____ Audited by: _____