

Payroll Deduction Request

This form may be used in lieu of a voided check or letter of account verification

Complete this form and give one **copy to your employer** and another to **Buffalo Metropolitan** at:
eMail: bufmet@bflometrocu.org ▪ **Fax:** 716.847.6996 ▪ **Mail** 62 S. Elmwood Ave., Buffalo, NY 14202

If you have your payroll coming to the Credit Union and want to simply change the distributions to the accounts, you only need to complete the *Credit Union Instructions* below and send this form to Buffalo Metropolitan (see methods of delivery above).

Verify with your employer when your payroll deduction request will go into effect.

Instructions to the Employer for my payroll deduction request:

If this form is not sufficient to change my payroll deduction/direct deposit, I ask that my employer please forward me instructions.

Accountholder/employee name: _____

I authorize you to change the amount of my deduction from my payroll for Buffalo Metropolitan FCU, Routing # 222079424, from \$ _____ to \$ _____ each payroll period.

Credit Union account #: _____ Savings Checking

Signature: _____ Date: _____

Company/employer: _____

Attention: _____ Telephone #: _____

Instructions to the Credit Union for my new updated payroll deduction request:

I authorize my employer to change the amount of my deduction for Buffalo Metropolitan from \$ _____ to \$ _____ each payroll period. I would like the money to be distributed as follows:

Savings Account (Shares) \$ _____	Loan – Type _____	\$ _____
Checking Account (Drafts) \$ _____	Loan – Type _____	\$ _____
Holiday Club \$ _____	Other Acct. # _____	\$ _____
Other: _____ \$ _____	Other Acct. # _____	\$ _____

For Staff Use Only

CU Initials & Date:

Account Number:

I understand it is my responsibility to verify my payroll department has sent these funds each pay period and that the funds are applied to the specified account(s)/loan(s). Credit card payments cannot be set-up with this form; please call 716.847.6960 to discuss options.