



35-30 Francis Lewis Blvd.
 Flushing, NY 11358
 Phone: (718) 353-1300
 Fax: (718) 353-5399
 www.qsidefcu.org

Payroll Deduction Authorization Form

Directions: Complete and return this form by fax or in person

Payroll number: _____

Employee number: _____

Full name: _____

Social security number: _____

Date of deduction: _____

Old deduction: _____

New deduction: _____

Distribution: Savings \$ _____

Holiday Club \$ _____

Vacation Club \$ _____

Checking \$ _____

Money Market \$ _____

IRA \$ _____

Loan #____ \$ _____

Loan #____ \$ _____

Loan #____ \$ _____

Other \$ _____

I hereby authorize and direct Consolidated Edison Company of New York, Inc. to deduct from my wages or sickness benefits, each payroll the amount of: \$_____.

- weekly
- bi-weekly

Such deduction will supersede any and all previous deductions authorized by me for this purpose.

I further authorize the Consolidated Edison Company of New York, Inc. to transmit the amount so deducted to Qside Federal Credit Union for deposit in my account. This authorization shall continue in effect until revoked or revised by me in writing.

Member Signature: _____

Member Number: _____

Date: _____