



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

Bill Payment via Payroll Deduction Form

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

Date: _____ Account No.: _____

Depositor: _____ Employee No.: _____

I hereby request that Qside Federal Credit Union make payment of the items listed below from the above stated account out of my regular payroll deduction deposits.

I am aware that if the Credit Union does not receive any payroll deduction for any given pay period, my bill(s) WILL NOT be paid unless I make up the deficient amount, and that there is a \$2.00 fee per month per bill.

I hereby waive any and all claims against Qside Federal Credit Union for late fees, penalties, interest, finance charges and/or damages of any kind resulting from late payments by Qside Federal Credit Union to any or the creditor(s) listed below:

 Signature

(1) Name: _____

Address: _____

Amount: \$ _____ Due Date: _____ Account No.: _____

(2) Name: _____

Address: _____

Amount: \$ _____ Due Date: _____ Account No.: _____

(3) Name: _____

Address: _____

Amount: \$ _____ Due Date: _____ Account No.: _____