NY TEAM FEDERAL CREDIT UNION

Name _____ Date _____

Address _____
Street City State Zip Code

To The Staten Island Rapid Transit Operating Authority:

1. I hereby authorize the Staten Island Rapid Transit Operating Authority to deduct from my wages each week the amount indicated below and to forward such amount to NY TEAM Federal Credit Union on my behalf.

2. In the event that my employment with the Staten Island Rapid Transit Operating Authority should cease, for any reason whatsoever, either temporarily or permanently, I hereby authorize the Staten Island Rapid Transit Operating Authority to pay NY TEAM Federal Credit Union any and all monies due me from the SIRTOA, to satisfy any outstanding balance owing to the said Credit Union by me and existing at the time of my cessation of service.

3. I understand that the NY TEAM Federal Credit Union is an independent organization and is not affiliated with the Staten Island Rapid Transit Operating Authority, and that the Staten Island Rapid Transit Operating Authority assumes no obligation to me with respect to any transaction between me and the NY TEAM Federal Credit Union. Further, I hereby release the Staten Island Rapid Transit Operating Authority from any liability arising out of the failure of the Staten Island Rapid Transit Operating Authority to make any deductions or payments authorized by me.

4. I have read the conditions and I understand and agree to be bound by them.

Signature _____

Deduction to Start
Stop
Change ( )
Old Amount

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1 **C**

3 4 Payroll No.

7 12 Employee No.

Account No.

14 1st & 2nd Initials

16

18 33 Last Name

36 44 Social Security No.

47 51 Shares

54 58 Auto Ins.

61 65 Home Ins.

68 72 Life Ins.

75 80 **Total PR Deduction**

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