



Payroll Deduction Form

To: _____
(Employer/Company Name)

Attn: Payroll Department

From: _____
(Employee Name)

Last 4 digits of Social Security: xxx-xx- _____

Daytime Phone# _____

I hereby authorize you to deduct \$ _____ from my payroll each pay period until further notice to be transmitted to my account at Central Jersey Federal Credit Union as designated below:

Central Jersey Federal Credit Union
380 Berry Street
Woodbridge, NJ 07095

Phone: 732.634.0600
Fax: 732.726.8709

Central Jersey FCU Account Number: _____ Checking Savings

Start Change Effective Date: _____

Employee Signature _____ Date _____

Please return your completed original document to the credit union either in person or by mail. **Original Signature is required** in order for your request to be processed. For payroll allocations contact the credit union at the above listed phone number or send your allocation request by email to: payroll@cjfcu.org. **For your protection, please do not include any sensitive personal information, such as your full social security number or full account number.** Thank-you