CAMPUS FEDERAL®

P.O. Box 98036, Baton Rouge, LA 70898-9036 888.769.8841 www.campusfederal.org Fax Number: 225.529.3204

PAYROLL ALLOCATIONS

Please complete the form below. After printing the form please sign then either fax, mail, or bring into any of our locaitons.

Attention: _____ Today's Date: _____

Social Security Number: _____ Processing Group #: _____

Member Name: _____ Company/Department: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ Zip: _____

Daytiime Phone No.: ( ) _____

Changing From $: _____ To $: _____

Effective Date: _____

Type of Employee (LSU Only)
(check one)

- ☐ Academic (9 month)
- ☐ Salary/Academic/GA (12 months)
- ☐ Civil Service or Transient (paid biweekly)

Entry Date: _____

By: _____

I HEREBY AUTHORIZE MY EMPLOYER, UNTIL FURTHER NOTICE FROM ME, TO CHANGE THE AMOUNT OF MY REGULAR CAMPUS FEDERAL DEDUCTIONS FROM MY PAYCHECK AS FOLLOWS:

AMOUNT	ACCOUNT NUMBER	SHARE TYPE OR LOAN NUMBER
$		
$		
$		
$		
$		

TOTAL $ _____

PLEASE BE ADVISED THAT THE ABOVE INFORMATION WILL BE KEPT ON FILE WITH YOUR PAYROLL DEPARTMENT.

_____ _____

Employee Signature Date

CAMPUS FEDERAL USE ONLY

_____ _____

Processor Printing Form Date Processed

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