

# North Little Rock Educator's Federal Credit Union

## Credit Union Deduction Request

Name \_\_\_\_\_

Address \_\_\_\_\_

Work Location \_\_\_\_\_

Telephone # \_\_\_\_\_

Amount to be deducted:

\_\_\_\_\_ per check/\_\_\_\_\_ per month

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date