



Date _____
Employee Initials _____
New _____ Existing _____

PAYROLL CHANGE FORM

Primary Account No: _____

Employer: _____

Name: _____

Effective Pay Date: _____

SSN: _____

Group Code: _____

DEDUCTION DISTRIBUTION

Primary Account

Savings \$ _____

Checking \$ _____

Vacation \$ _____

Christmas \$ _____

IRA \$ _____

Money Maker \$ _____

Loans

Acct. # _____ Suffix _____ Amount _____

Acct. # _____ Suffix _____ Amount _____

Acct. # _____ Suffix _____ Amount _____

Acct. # _____ Suffix _____ Amount _____

Acct. # _____ Suffix _____ Amount _____

Acct. # _____ Suffix _____ Amount _____

Other Accounts

Acct. # _____ Suffix _____ Amount _____ Acct. # _____ Suffix _____ Amount _____

Acct. # _____ Suffix _____ Amount _____ Acct. # _____ Suffix _____ Amount _____

Acct. # _____ Suffix _____ Amount _____ Acct. # _____ Suffix _____ Amount _____

Total deduction sent to credit union per pay: \$ _____

I hereby authorize: Employer _____
to send the following payroll deduction to Kent Credit Union for deposit in my account.

Name: _____ Total Deduction: _____

SSN: _____ Effective Pay Date: _____

Primary Account No: _____ Date: _____

Signature X _____

KENT BRANCH
6020 Rhodes Road
Kent, OH 44240
Phone: 330.678.2274
Fax: 330.678.6252

RAVENNA BRANCH
271 So. Chestnut Street
Ravenna, OH 44266
Phone: 330.298.0400
Fax: 330.298.0404

STREETSBORO BRANCH
1190 State Route 303
Streetsboro, OH 44241
Phone: 330.626.3200
Fax: 330.626.3259

ROUTING NO. 241279234
TOLL FREE: 888.221.7556
WEB: www.kentcu.com

