

ROCKLAND EMPLOYEES FEDERAL CREDIT UNION

170 East Central Avenue
Spring Valley, NY 10977
Phone 845-371-5804
Fax 845-371-3411

Payroll Deduction Form

To: East Ramapo Central School District
Payroll Department
105 South Madison Avenue
Spring Valley, NY 10977

Name: _____

Employee Id Number: _____ Date: _____

Please choose one:

Effective the payroll date of _____ please:

- Start** or **Change** to the amount of \$ _____
- Stop**

the deduction to the Rockland Employees Federal Credit Union taken from
my paycheck.

IMPORTANT: PLEASE READ BEFORE SIGNING

I understand that it may take up to thirty (30) days for the above selections to take effect after receipt of this form by the Payroll Department, and that these selections will remain in effect until I notify the Payroll Department, in writing, of any changes.

Signature: _____