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PAYROLL DEDUCTION CHANGE

Regular Payroll

Name _____ PHCU Member # _____

Your Employee Workday ID # _____ Primary Phone # _____

- Total Payroll Deduction Amount \$ _____
- Change Payroll Deduction Amount from \$ _____ to \$ _____
- Stop my Payroll Deduction to PHCU

Change Effective Date: _____

Distribution Amounts:

Amount to Savings Account \$ _____

Amount to Checking Account \$ _____

Amount to Other PHCU Accounts \$ _____ Type of Account* _____

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(*for example- Vacation Club, secondary savings, Christmas Club, etc.)

I hereby authorize you to deduct the above amount from my pay until further notice from me, and deposit the same currently into my Palmetto Health Credit Union account.

Member Signature _____ Date: _____

PHCU Employee Signature _____ Date: _____

Additional Comments: