



# PENN CAMBRIA SCHOOL DISTRICT

*Excellence in Public Education*

Administration Office  
201 6th Street  
Cresson, PA 16630  
(814) 886-8121  
(814) 886-4809 (Fax)

High School  
401 Linden Avenue  
Cresson, PA 16630  
(814) 886-8188  
(814) 884-3977 (Fax)

Middle School  
401 Division Street  
Gallitzin, PA 16641  
(814) 886-4181  
(814) 886-9308 (Fax)

Intermediate School  
376 Wood Street  
Lilly, PA 15938  
(814) 886-8532  
(814) 886-5389 (Fax)

Primary School  
400 Main Street  
Lilly, PA 15938  
(814) 886-2151  
(814) 886-5419 (Fax)

Pre-Primary School  
205 6th Street  
Cresson, PA 16630  
(814) 886-8166  
(814) 886-4809 (Fax)

## PAYROLL AUTHORIZATION FORM

### C-B-W SCHOOLS FEDERAL CREDIT UNION

I, \_\_\_\_\_, do hereby authorize the Penn Cambria School District to deduct the total sum of \$\_\_\_\_\_ per pay period from my payroll check. Said authority shall remain in effect until cancelled by me in writing.

The amount so deducted by my authorization shall be transmitted by the Penn Cambria School District on or about the day of each pay period to the C-B-W Schools Federal Credit Union for the benefit of my account(s) therewith.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ S. S. # \_\_\_\_\_

The total deduction shall be allocated as follows:

\$\_\_\_\_\_ for Regular Savings Account

\$\_\_\_\_\_ for Christmas Club Account

\$\_\_\_\_\_ for Vacation Club Account

\$\_\_\_\_\_ for Share Draft Account

\$\_\_\_\_\_ for IRA Share Account

\$\_\_\_\_\_ Other \_\_\_\_\_

Check one:

( ) New Member      ( ) Change amount of Deduction

Changes in the dollar amount of the payroll deductions for the Credit Union may be made three (3) times each year only. However, in no event can said changes be made in less than thirty (30) days apart.