



PENN CAMBRIA SCHOOL DISTRICT

Excellence in Public Education

PAYROLL AUTHORIZATION FORM C-B-W SCHOOLS FEDERAL CREDIT UNION

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)

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

\$ _____ for 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.