MATADORS COMMUNITY CREDIT UNION
UNIVERSITY CORP. DEDUCTION AUTHORIZATION

_____   _____   _____
      Date   Account Number   Name

To: University Corp.
          Attn: Payroll Supervisor

* This is your authorization to withhold from my paycheck as follows:

$ _____ for pay period ending the 15th, starting _____
                                                                  month, year

$ _____ for pay period ending the 30th, starting _____
                                                                  month, year

* Full-time/Part-time must have a $75.00 min. paid to them by check
* Hourly must have a $25.00 min. paid to them by check

_____
                                    Signature

For Credit Union Use Only   **Distribution Schedule:** (MCCU members: please complete if new set-up or change)

              Share or Loan ID#   Dollar Amount

        _____   _____

        _____   _____

        _____   _____

        _____   _____

        Total Deduction $ _____