

**Caddo Parish Teachers' Federal Credit Union**  
**Payroll Deduction Cards**

So. Sec. No. \_\_\_\_\_ Employer \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

I hereby authorize CPSB to deduct \_\_\_\_\_ from my pay each period, until futher notice.

Effective date of deduction \_\_\_\_\_

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

New  Change  Cancel

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**Please Fax 318-631-8927**