

Ellis County Credit Union Deduction Agreement

Employee Name: _____

ID# _____

I would like to begin sending \$ _____ to an Ellis County Credit Union Account beginning _____.

I would like to change the amount I am sending to my Ellis County Credit Union Account from \$ _____ to \$ _____ beginning _____.

I would like to stop sending to my Ellis County Credit Union Account beginning _____.

X _____
Signature

X _____
Date