

## 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