

CREDIT UNION DEDUCTION FORM

Please fill out this form completely. If the form is not complete, it will be returned.

EMPLOYEE NAME _____ Soc. Sec. # _____ - _____ - _____

K-C Work Location _____ Effective Date _____

Credit Union Name **Kimberly Clark Credit Union-Memphis** ABA Routing # **284084813**

Account/Member Number _____ Savings _____ Checking _____

Amount to be deducted per pay period \$ _____

Frequency of pay period: Weekly _____ Bi-weekly _____ Monthly _____

Please check one of the following:

_____ This is a change to an existing deduction.

_____ This is a new deduction.

_____ Please inactivate my current deduction.

Employee signature

Employee/Payroll ID #

Fax completed form to Kimberly-Clark Credit Union at 1-901-521-4644

Kimberly Clark Credit Union
1520 N. Second St., Memphis, TN 38107
Ph: (901)521-4646 or 1-800-462-7777
Website: www.kimberlyclarkcu.org
E-mail: kccu@kimberlyclarkcu.org