

		Last	First	M.I.	4051		
CC No.	Employee No.	Print Employee Name			Wage Type	Account No.	Pay Period Amt.

**PUBLIC SERVICE ELECTRIC AND GAS COMPANY
UNITY FEDERAL CREDIT UNION**

PSEG Confidential

BUSINESS CENTER-PAYROLL SERVICES

- I hereby authorize you to deduct the amount indicated from my pay or sick benefits each pay period and remit said amount to the Credit Union indicated. (Use only if there is no deduction presently in effect.)
- Please change the periodic deduction previously authorized to the amount indicated.
- Please cancel the periodic deduction previously authorized by me.

It is understood that in making such deductions and payments, the Company assumes no responsibility to me in respect to the provisions of any contract between me and the Credit Union.

Credit Union Representative

X

Signature of Employee

Date

			Last	First	M.I.
R/C No.	Employee No.	Co. Ext	Print Employee Name		
Account No.	Effective date	Start			

I have this day voluntarily authorized Public Service Electric and Gas Company to deduct from my pay each week

- MY PAY PERIOD IS**
- WEEKLY Deduct the Amount of \$ _____.00 For Loan # _____
 - BI-WEEKLY Deduct the Amount of \$ _____.00 For Loan # _____
 - Deduct the Amount of \$ _____.00 For _____
 - Plus, Deduct the Amount of \$ _____.0

TOTAL AMOUNT \$ _____.00 EACH PAY

This Deduction Supercedes all previous Deductions

It is understood that the Credit Union assumes no responsibility for the payroll deduction system, which is controlled by the Company. The method of payroll deduction does in no way change the terms of any loan contract. I also understand that any money credited to my account is available to me at any time, unless restricted by the terms of any loan, and that the Credit Union reserves the right to cancel or reduce the amount on my payroll deduction.

Signature of Employee _____ X _____ Deduction Auth. Forwarded

How much for Savings