

Social Security# _____ Acct.# _____

Print Name _____ Employee # _____

HCSC _____ Hallmark _____ DNOA Belleville _____

DNOA Lombard _____ Dearborn National _____

Payroll Deduction Authorization Card

I authorize Health Care Service Corp. or the above subsidiary's Payroll Department to deduct and turn over for deposit to the Planites Credit Union (total below) \$ _____ from my salary each pay day to be applied to my account in the Planites Credit Union.

My first deduction to appear on my paycheck dated _____. This deduction *will continue unless changed by me in writing.* **This supersedes any previous authorized deduction for this purpose.**

Regular Savings \$ _____

Christmas Club \$ _____

Vacation Club \$ _____

Checking \$ _____

IRA \$ _____

Other \$ _____

Loan(s) \$ _____

TOTAL \$ _____

Initiate payroll deduction

Change amount being deducted

Stop payroll deduction

Change distribution only

Signature _____

Date _____