

Name _____ Employee ID _____ Start Date _____
Account # _____ Process Level _____

Share Savings-S1 _____ L _____
Money Market-S2 _____ L _____
Christmas Club-S4 _____ L _____
Vacation Club-S7 _____ L _____
Special Club-S9 _____ L _____

Other Acct# _____ Amt _____
Other Acct# _____ Amt _____
Other Acct# _____ Amt _____

I hereby authorize and request my Employer (Federated Insurance Companies and its Affiliates) to deduct the **MONTHLY sum*** from my salary and wages each month, beginning as of the Start Date, to the Federated Employees Credit Union (FECU), Owatonna. This Authorization will replace any previous Authorizations.

In the event my employment is terminated with my Employer, for any reason, I hereby authorize and direct that, if FECU deems necessary based on the circumstances, any unpaid balance due me for salary, wages, commissions, accumulated vacation pay, or overtime shall be immediately paid over to FECU to be applied to my outstanding loan balance with FECU, if any. Such payments shall be applied first to any unsecured or signature loan and then to any secured loan. If I fail to cancel this Authorization upon filing for bankruptcy, my Employer and FECU are directed to make and apply deductions in accordance with this Authorization.

TOTAL DEDUCTION – SEMI-MONTHLY AMOUNT _____ MONTHLY AMOUNT* _____

Employee Signature _____ Date _____

If faxing, please fax back to (507) 455-8827