

Name _____ Employee ID _____ Start Date _____

Account # _____ Process Level _____

Share Savings - S1 \$ _____ Loan - L _____ \$ _____

Money Market - S2 \$ _____ Loan - L _____ \$ _____

Christmas Club - S4 \$ _____ Loan - L _____ \$ _____

Vacation Club - S7 \$ _____ Loan - L _____ \$ _____

Special Club - S9 \$ _____ Loan - L _____ \$ _____

Checking - S8 \$ _____ Loan - L _____ \$ _____



Fax: (507) 446-4729

Email: fedecu@fedins.com

Other Acct # _____ S or L _____ Last Name _____ Amount \$ _____

Other Acct # _____ S or L _____ Last Name _____ Amount \$ _____

Other Acct # _____ S or L _____ Last Name _____ Amount \$ _____

I hereby authorize and request my Employer (Federated Insurance Companies and its Affiliates) to deduct the **Total Deduction Amount*** from my salary and wages each pay period, 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 to 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 PER PAY PERIOD* _____

Employee Signature _____ Date _____