



ÉVANGÉLINE-CENTRAL CREDIT UNION PAYROLL SERVICES

Business Name: _____

Account number from which to withdraw payroll funds: _____

This week's payroll to be administered on (date): _____

EMPLOYEE NAME	CREDIT UNION NAME & TRANSIT	ACCOUNT #	DEPOSIT AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Total payroll amount: \$ _____

Signing authority: _____

Signing authority: _____

Fax to: Wellington 854-3210
Tyne Valley 831-2902
O'Leary 859-3219