

**Please complete entire form, signing on both halves of form.  
Payroll deductions will not begin/change without written consent.  
Return entire form to Cabot Boston Credit Union - Boston.**

**Cabot Boston Credit Union  
Two Seaport Lane #1300  
Boston, MA 02210  
1-617-342-6154/3  
1-617-342-6123 fax**

Print Name \_\_\_\_\_

Account # \_\_\_\_\_

Location/Ext # \_\_\_\_\_

**Payroll Deduction Authorization**

I hereby authorize a weekly bi-weekly (please circle) deduction from my pay in the sum of \$\_\_\_\_\_. This amount is to be paid to the Cabot Boston Credit Union for application as follows:

		Credit Union Use Only	
		Tfr Code	Eff Date
Shares \$	_____	_____	_____
Checking	\$ _____	_____	_____
Xmas	\$ _____	_____	_____
Loan	\$ _____	_____	_____
Other	\$ _____	_____	_____
<b>TOTAL \$</b>	_____		

\_\_\_\_\_ This is my initial authorization.

\_\_\_\_\_ This is a change in authorization.

X \_\_\_\_\_

\_\_\_\_\_ Date

**Please be advised payroll deduction will continue as stated until written authorization to change is received by you. If an obligation to the credit union pays off, any allocated funds will automatically deposit to your credit union share account.**

**TO: CABOT CORP.**

**Payroll Deduction Authorization**

Name \_\_\_\_\_ Soc. Sec # \_\_\_\_\_

**I WISH TO DEDUCT A TOTAL OF \$\_\_\_\_\_ FROM EACH CHECK.**

**I hereby authorize Cabot Corporation to deduct each salary check the amount set forth above and to deposit these funds at Cabot Boston Credit Union for each payroll following receipt of this authorization until further notice from me.**

X \_\_\_\_\_  
Signature

\_\_\_\_\_ Date