

CREDIT UNION PAYROLL DEDUCTION AUTHORIZATION

Employee must complete Sections I, II, III in all cases. If Payroll Group is not known, leave blank.
Social Security number must be entered.

Section I

Employee's Name _____
(Printed)

Employee's Work Location _____

Payroll Group		Sub Group			Social Security No.					
1	3	4	5	6						15

Section II Check Appropriate Box and Sign in Section III.

AUTHORIZATION FOR CREDIT UNION PAYROLL DEDUCTIONS

I authorize a deduction of \$ _____ from my salary in each monthly pay period for savings investments, and direct PPG Industries, Inc. to transmit this to _____
for my account number _____ Credit Union Name

This authorization will remain in effect until changed by me in writing. (Sign Below)

CHANGE TO CURRENT CREDIT UNION DEDUCTION

I authorize a change in my deduction from \$ _____ to \$ _____ from my salary in each monthly pay period for savings investments, and direct PPG Industries, Inc. to transmit this to the _____ for my account.
Credit Union Name

number _____. This authorization will remain in effect until changed by me in writing. (Sign Below)

CANCELLATION OF PREVIOUS AUTHORIZATION FOR CREDIT UNION PAYROLL DEDUCTIONS

(Sign Below)

Section III

Employee's Signature _____ Dated _____