



Payroll Deduction and Assignment Authorization
Member Copy

Johnson City Medical Center, Home Health and Hospice, Indian Path Medical Center, Johnson COUNTY Medical Center, Quillen Rehabilitation Hospital, Smyth County Community Hospital, Russell County Hospital, Sycamore Shoals Hospital, Franklin Woods Community Hospital, and Unicoi County Hospital.

Name: _____ Phone: _____

Department: _____ Account Number: _____

I hereby notify Mountain States Credit Union the sum below will be deposited into my account. I will make the changes to my payroll, and if the changes are not made by the following date _____, the credit union will call me at the above number. This must be done immediately to assure the correct amount is deposited into my account(s) in a timely manner.

The sum of \$ _____ will be deducted from my wages to be applied to my share account, sharedraft account, or loan account (s).

JCMC Payroll Extension 1650



Payroll Deduction and Assignment Authorization
Member Copy

Johnson City Medical Center, Home Health and Hospice, Indian Path Medical Center, Johnson COUNTY Medical Center, Quillen Rehabilitation Hospital, Smyth County Community Hospital, Russell County Hospital, Sycamore Shoals Hospital, Franklin Woods Community Hospital, and Unicoi County Hospital.

Name: _____ Phone: _____

Department: _____ Account Number: _____

I hereby notify Mountain States Credit Union the sum below will be deposited into my account. I will make the changes to my payroll, and if the changes are not made by the following date _____, the credit union will call me at the above number. This must be done immediately to assure the correct amount is deposited into my account(s) in a timely manner.

The sum of \$ _____ will be deducted from my wages to be applied to my share account, sharedraft account, or loan account (s).

JCMC Payroll Extension 1650