

The State Credit Union

Semi-Monthly Deduction Form

NAME

ACCT. #

Social Security #

The State Credit Union

TO PAYMASTER: WEST VIRGINIA SUPREME COURT OF APPEALS

I hereby authorize you to deduct the following amount from my pay each payroll period
until further notice from me, and transmit same currently to the above named credit union.

Start

Change

\$

Date

Effective Date

Signature of Employee

Please mail original and 1 (one) copy to:

**West Virginia Supreme Court of Appeals
Attention: Division of Human Resources
Building 1, Room E-100
1900 Kanawha Blvd., East
Charleston, WV 25305**