

PAYROLL DEDUCTION AUTHORIZATION

Date _____

Name _____ Phone No. _____

Social Security Number _____ - _____ - _____ Account No. _____

Employee ID _____ **(required if new payroll deduction)**

I hereby authorize The Thrift Credit Union to deduct the amount listed below from my wages earned by me at Norfolk Southern Corp.

This order shall remain in effect until I request a change or cancellation by signing another PAYROLL DEDUCTION AUTHORIZATION at the credit union. I am not allowed to make any changes for at least 60 days from the time of this authorization.*

*Except in cases of Bankruptcy, retirement, new/closed loans or closed account.

Loans	Amount	Shares	Amount
Suffix # _____	\$ _____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Amount \$ _____

Deduction Frequency: Monthly _____
Bi-weekly _____
Semi-Monthly _____

Signature _____

For Credit Union Use Only

Payroll Frequency: Semi-monthly _____
Bi-Weekly _____

Payroll Control No. _____

New _____
Change _____