



Payroll Distribution

Please state both account numbers and complete entire form.

Name: _____ Savings# _____

Checking# _____

Regular Payroll:

Office Phone #: _____

Net Check

Home Phone #: _____

Allotment

Employee #: _____

Direct Deposit (ACH)

722 - Monthly (Cash) From: _____ Social Security #: _____

My payment frequency is: Weekly Bi-weekly Semi-Monthly Monthly

My next pay period is: _____ 20 _____

From _____ Organization distribute in my account on _____ Date as follows:

\$ _____ to Savings \$ _____ to Checking

\$ _____ to Loan # _____ Due Date _____

\$ _____ to Loan # _____ Due Date _____

\$ _____ to Loan # _____ Due Date _____

\$ _____ to Loan # _____ Due Date _____

\$ _____ to IRA Account # _____

\$ _____ to Holiday Club # _____

\$ _____ to Other Account # _____ Other Account Number _____

\$ _____ to Other Account # _____ Othe Account Number _____

Member's Signature

Date

Circle One: MI CS HQ MFF TV ST PSJ HX DEL

I certify that the above request was completed on _____

Authorized Signature

Authorized Signature Completing Transaction