



Payroll/Auto Transfer Distribution

– Complete in Blue or Black Ink –

Account Number _____ Member Name _____ () _____
Daytime Phone No. _____

EFFECTIVE DATE or as soon as possible upon receipt (write ASAP): _____

- Form must be received at least five (5) days prior to the Effective Date.
- Effective Date must agree with your actual pay date.

DIRECT DEPOSIT Deposited into Savings Checking

EFT RECORD Auto Transfer from (check one) Auto Transfer Frequency (check one)

Savings (00) MONTHLY (check one)

Checking (11/07) 1st of every month (901)

MMA (05) 16th of every month (916)

Supplemental Savings (01) SEMI MONTHLY – 1st & 16th of every month (901/916)

EVERY TWO WEEKS – Every other Friday (902 or 903)

EVERY FRIDAY (902/903)

Employer Name _____
(for Direct Deposit Payroll Deduction Only)

EFT USE ONLY	
Company ID _____	
Payroll Code _____	
CHECK ONE:	<input type="checkbox"/> NEW
<input type="checkbox"/> EVEN	<input type="checkbox"/> DELETE
<input type="checkbox"/> INCREASE	
<input type="checkbox"/> DECREASE	

Distribution of funds are limited to a maximum of 11 per program.

Member Account No.	Acct. No. Surname	Acct. No. Surname	Acct. No. Surname	Acct. No. Surname
Savings (00)				
Checking (11/07)				
Holiday Club (02)				
Money Management Account MMA (05)				
Supplemental Savings (01)				
Vacation Club (03)				
Add On Certificate				
Health Savings Account <small>(FOR CURRENT TAX YEAR)</small>				
Traditional IRA <small>(FOR CURRENT TAX YEAR)</small> (10)				
Roth IRA <small>(FOR CURRENT TAX YEAR)</small> (12)				
Education IRA No. _____				
Education IRA No. _____				
Loan Note No. _____				
Loan Note No. _____				
Loan Note No. _____				
Loan Note No. _____				
Loan Note No. _____				

*Do not submit a revised distribution form if you have a pending distribution form. (Distribution Changes Limited to one per pay period.)

Indicate all deletions from current distributions as "delete".

I hereby request Members 1st to distribute the above funds from my account to the accounts and in the amounts indicated above. For Auto Transfer, the funds to cover these transfers must be in the account (from which the funds will be transferred) before the transfer date. (Automatic Overdraft Protection Does Not Apply to the Auto Transfer Program.)

Member Signature** _____ Date _____ Telephone/Verbal Request

**Signature required for all distributions involving an account that the above named member is neither a primary nor joint owner.

For Office Use Only

Originating Associate Name/Teller ID _____ Reviewing Associate Name/Teller ID _____