

# Vision Financial Federal Credit Union

FAX Numbers

Durham: 919-471-8211    Roxboro: 336-597-3641    DVA: 919-286-4890

## Payroll Distribution Form

Member Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Account Number: \_\_\_\_\_ Sub Code: \_\_\_\_\_

New or Change: \_\_\_\_\_

How Often Paid: \_\_\_\_\_ Monthly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly

**This form supersedes all previous Distribution Forms.  
All distribution entries (NEW & EXISTING) need to be included on this form.**

### Fill In Amount For ALL Accounts

I have this day authorized Vision Financial Federal Credit Union to deduct from my account above, until further notice, the sum of \$ \_\_\_\_\_. This amount should be distributed as follows:

Savings: \$ \_\_\_\_\_      Checking: \$ \_\_\_\_\_      Money Market: \$ \_\_\_\_\_

Vacation Club: \$ \_\_\_\_\_      Christmas Club: \$ \_\_\_\_\_      IRA: \$ \_\_\_\_\_

Loan Suffix: \_\_\_\_\_ \$ \_\_\_\_\_      Loan Suffix: \_\_\_\_\_ \$ \_\_\_\_\_      Loan Suffix: \_\_\_\_\_ \$ \_\_\_\_\_

Other Account # \_\_\_\_\_      Suffix \_\_\_\_\_      Amount \$ \_\_\_\_\_

Other Account # \_\_\_\_\_      Suffix \_\_\_\_\_      Amount \$ \_\_\_\_\_

### Signature Below is Required:

Employee/Member Signature \_\_\_\_\_      Date \_\_\_\_\_

**\*\* This Form Replaces All Previous Payroll Distribution Requests \*\***

*Credit Union Use Only:*

*Distribution Code: 500*

Oper. Group: \_\_\_\_\_

Change Code: \_\_\_\_\_

Susp. Action: \_\_\_\_\_

Keyed By: \_\_\_\_\_

Date Keyed: \_\_\_\_\_