

# Vision Financial Federal Credit Union

FAX Numbers

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

## Payroll Deduction Form

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

SSN: \_\_\_\_\_ Account Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ State: \_\_\_\_\_

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

### Fill In Amount For All Accounts

I have this day authorized the Payroll Department to deduct from my pay, until further notice, the sum of  
\$ \_\_\_\_\_.

This amount should be deducted: \_\_\_\_\_ Each pay period **OR** \_\_\_\_\_ Only 1st & 2nd period.

Forward funds to Vision Financial FCU to be applied to my accounts as follows:

**Credit Union Routing Number is: 253175517**

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:*

ACH Group Code: \_\_\_\_\_

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

P/R Group Code: \_\_\_\_\_

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

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

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

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