

Vision Financial Federal Credit Union

Payroll Deduction Form

Fax Numbers

Durham: 919-471-8211

Roxboro: 336-597-3641

Fayetteville: 910-425-8906

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 pay periods

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

Credit Union Routing Number: 253175517

Savings: \$ _____ Checking: \$ _____ Money Market: \$ _____

Vacation Club: \$ _____ Christmas Club: \$ _____ IRA: \$ _____

Loan Suffix ____: \$ _____ Loan Suffix ____: \$ _____ Loan Suffix ____: \$ _____

Other Account # _____ Suffix _____ Amount: \$ _____

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I understand that it is my responsibility to verify that my payroll deductions are posted correctly.

Signature Below is Required:

Employee/Member Signature: _____ Date: _____

****This form replaces all previous payroll distribution requests****

Credit Union Use Only:

Oper. Group: _____

ACH Group Code: _____

Change Code: _____

P/R Group Code: _____

Susp. Action: _____

Keyed by: _____

Date Keyed: _____