

Vision Financial Federal Credit Union

Payroll Distribution Form

Fax Numbers

Durham: 919-471-8211

Roxboro: 336-597-3641

Fayetteville: 910-425-8906

Member Name: _____ Effective Date: _____

Last four digits of SSN: _____ Account Number: _____ Sub Code: _____

New or Change: _____

How Often Paid: ___ Monthly ___ Semi-Monthly ___ Weekly ___ Bi-Weekly

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: \$_____

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

Signature Below is Required:

Employee/Member Signature: _____ **Date:** _____

****This form is in addition to all previous payroll distribution requests****

Credit Union Use Only:

Distribution Code: 500

Oper. Group: _____

Change Code: _____

Susp. Action: _____

Keyed By: _____

Date Keyed: _____