

# EFT Distributions



Date \_\_\_\_\_

Name \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Company Name \_\_\_\_\_

I currently have:  Full Direct Deposit -or-  Payroll Deduction\*

\*If payroll deduction, please indicate amount \$ \_\_\_\_\_

Pay frequency:  weekly  semi-monthly  monthly  bi-weekly

Please indicate how you would like the funds to be distributed:

Account Number: \_\_\_\_\_ (sub number: \_\_\_\_\_ loan or share) \$ \_\_\_\_\_

Account Number: \_\_\_\_\_ (sub number: \_\_\_\_\_ loan or share) \$ \_\_\_\_\_

Account Number: \_\_\_\_\_ (sub number: \_\_\_\_\_ loan or share) \$ \_\_\_\_\_

Account Number: \_\_\_\_\_ (sub number: \_\_\_\_\_ loan or share) \$ \_\_\_\_\_

Account Number: \_\_\_\_\_ (sub number: \_\_\_\_\_ loan or share) \$ \_\_\_\_\_

Account Number: \_\_\_\_\_ (sub number: \_\_\_\_\_ loan or share) \$ \_\_\_\_\_

Account Number: \_\_\_\_\_ (FSP Health share: \_\_\_\_\_) \$ \_\_\_\_\_ \*add to existing amount if any

Account Number: \_\_\_\_\_ (FSP Life share: \_\_\_\_\_) \$ \_\_\_\_\_ \*add to existing amount if any

(\*\*Indicate account number if different from above : \_\_\_\_\_)

Authorize  Cancel  Change

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For CU Use Only</b>		
User ID: _____	Initials: _____	Date: _____
		Rev. 08/07