



Credit Union Direct Deposit Distribution

This form does not replace your existing payroll deduction. You must cancel the current payroll deduction you have with MWDFCU.

Account # _____ **Payroll #** _____

Name _____

Start **Change**

Total Deduction \$ _____ **Net Check**

Date _____ **Effective Date** _____

Deduction to be applied as follows:

	Account	Amount	Sfx	Amount	Circle One	
Shares	# _____	\$ _____	Loan _____	\$ _____	Biwkly	Monthly
Checking	# _____	\$ _____	Loan _____	\$ _____	Biwkly	Monthly
Holiday	# _____	\$ _____	Loan _____	\$ _____	Biwkly	Monthly
Scottie	# _____	\$ _____	Loan _____	\$ _____	Biwkly	Monthly
Scottie	# _____	\$ _____	Loan _____	\$ _____	Biwkly	Monthly

Other: _____

Member Signature: _____

Credit Union use only

Verified By: _____

Entered By: _____