



<input type="checkbox"/> NEW
<input type="checkbox"/> CHANGE
<input type="checkbox"/> DELETE

Direct Deposit Distribution Authorization

This form is to authorize the distribution of recurring electronically deposited funds. *The amount being deposited will not be changed with the completion of this form.* Please visit your employer's payroll department if you wish to make a change in the amount that is being sent.

NAME _____

ACCOUNT NUMBER _____

DAYTIME PHONE NUMBER _____

E-MAIL ADDRESS _____

EFFECTIVE DATE _____

NAME OF EMPLOYER _____

A- _____

SOURCE NUMBER _____

<input type="checkbox"/> WEEKLY
<input type="checkbox"/> BI-WEEKLY
<input type="checkbox"/> SEMI-MONTHLY
<input type="checkbox"/> MONTHLY

DISTRIBUTIONS THAT ARE NOT LISTED, WILL BE DELETED

	ACCOUNT NUMBER	SUFFIX	AMOUNT
SHARES:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
RELATED SHARES:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
LOANS:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
RELATED LOANS:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
CHECKING:	_____	_____	_____
	_____	_____	_____
RELATED CHECKING:	_____	_____	_____
	_____	_____	_____
EXCESS ACCOUNT	_____	_____	_____

TOTAL AMOUNT TO BE DISTRIBUTED \$ _____

I hereby authorize The Golden 1 Credit Union to distribute recurring electronic funds received from the company named above. This authorization will remain in effect until canceled by myself or by the credit union. If the amount received by this company is less than the amount required for the distributions, I understand it will be my responsibility to make any loan payment and/or incomplete distributions.

SIGNATURE _____

DATE _____

CREDIT UNION USE ONLY

Branch: _____	Entered By: _____
TLR #: _____	Date Entered: _____