

Account (ACH) Distribution Form

Your financial health. Our mission.

Member #: _____ Social Security #: _____ Credit Union Rep: _____

Last Name	First Name	Employer	Checking - 09	Savings - 01
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Start **Stop** **Change**

To Credit Union Treasurer: I have on this day, authorized you to deduct the following amount from my direct deposit each pay period, until further notice from me. I understand it is my responsibility to inform my payroll department of any changes or to stop my direct deposit.

Savings	\$	Loan #:	\$	Vacation	\$	Acct. #: _____	Suffix #: _____
Checking	\$	Loan #:	\$	IRA	\$	Acct. #: _____	Suffix #: _____
Holiday	\$	Loan #:	\$	Money Mkt	\$	Acct. #: _____	Suffix #: _____

Date: _____ **Member Signature:** _____ **Effective Date:** _____ **Total \$:** _____

Please complete the form, print it, sign it, and fax it to: 419.479.4047

PLEASE NOTE: This Form is used internally to disburse funds among accounts/loans. If you are changing the amount of Direct Deposit coming to PFCU, or submitting a new request, you must submit a new Direct Deposit form. Full Direct Deposit coming to PFCU would require Primary Account Information; partial Direct Deposit would require 2nd Account Information.