



P. O. Box 9, Jacksonville, AR 72078-0009 • 501-982-1000 • Nine-Digit Routing & Transit (R/T) #: 282075028

M E M B E R I N F O R M A T I O N

Name _____ Member #

Address _____ Social Security # _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Email Address _____

Employer _____ Payroll Group # _____

P A Y R O L L A U T H O R I Z A T I O N

I am paid: Weekly Bi-weekly Semi-monthly Monthly

Please: START CHANGE CANCEL

Change: \$ _____ Each pay period

I hereby request my employer (as indicated above) to forward from my net pay, salary or wages due me, in the amount indicated below, to my account(s) with Arkansas Federal Credit Union.

Note: If you are starting, changing or cancelling the amount sent to AFCU, you must notify your payroll department of this change. ALL DIRECT DEPOSITS INITIALLY GO TO THE SAVINGS ACCOUNT. From this amount, distribute money to other account(s) as indicated below in the Automatic Payroll Distribution section. Existing distributions to specific account(s) must be re-entered if applicable.

Entire Paycheck Deduct Only \$ _____

I understand that if a specific amount to be deducted from my pay is indicated above, or if I have indicated for my entire net paycheck to be deposited in the Credit Union, it will be deposited to the share savings account, unless I have requested the Credit Union to automatically distribute my paycheck to other Credit Union Accounts. If I have requested Automatic Payroll Distribution, the Credit Union has advised me of the exact disposition of my paycheck among my various Credit Union accounts. This authorization will remain in effect until cancelled by me in writing on a similar form.

A U T O M A T I C P A Y R O L L D I S T R I B U T I O N

Member Number	Account or Loan Number	Last Name	Amount Per Pay Period
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

I instruct the Credit Union to distribute the funds according to the above schedule. I authorize the Credit Union to change the above schedule at any time in order to comply with the Permanent Loan Agreement. This authorization is revocable by me upon written notice to the Credit Union, so long as I am not in default, and my employer is in no way bound by or responsible for these deductions. This paycheck distribution request cancels all previous paycheck distribution requests on file at the Credit Union. By completion of line #7, you have authorized the Credit Union to distribute the remaining portion of your funds to the indicated member number and account number.

Member Signature _____ Date _____

Prepared By _____ Keyed By _____ Date Keyed In _____