

**EQUITABLE FEDERAL CREDIT UNION
PAYROLL CARD**

CURRENT DISTRIBUTION PLAN

NAME: _____

INCOMING ACCOUNT: _____

EMPLOYER: _____

SSN: _____

REQUESTED DEDUCTION (EACH PAY): _____

OVERFLOW ACCOUNT: _____

CREATE NEW / EDIT DISTRIBUTION PLAN

NEW _____ CHANGE _____

EFFECTIVE ____/____/____

FIRST FULL PAYMENT DUE: _____

NAME: _____

MEMBER NUMBER: _____

EMPLOYER: _____

SSN: _____

REQUESTED DEDUCTION (EACH PAY): \$ _____

OVERFLOW ACCOUNT: _____

TARGET ACCOUNT(S)

ACCOUNT # _____ \$ _____

ACCOUNT # _____ \$ _____

ACCOUNT # _____ \$ _____

ACCOUNT # _____ \$ _____

ACCOUNT # _____ \$ _____

ACCOUNT # _____ \$ _____

ACCOUNT # _____ \$ _____

ACCOUNT # _____ \$ _____

MEMBER SIGNATURE _____

DATE _____

MSR INITIALS _____

DATE ____/____/____