



1630 King Street
 Alexandria, Virginia 22314-2745
 703-706-5000 • 800-296-8882

FOR OFFICE USE ONLY
TELLER INITIALS: _____
PAYROLL GROUP # _____

AUTOMATIC PAYMENT DISTRIBUTION REQUEST

EMPLOYER _____ ACCOUNT #: _____

GOVERNMENT: _____ NAME: _____

OTHER: _____ DAYTIME PHONE #: _____

NOTE: Please read all instructions carefully. This form instructs us where to deposit your allocated funds at SDFCU. You will need to ask your employer what is required to begin the automatic payment process.

You must notify SDFCU immediately of any changes in your payroll deposit (e.g. you change jobs, retire, etc.). Changes in payment sources may cause payroll deposit to cease, causing loans to become delinquent. Please fax completed form to Deposit & Check Operations at 703-549-5695.

I. TRANSFERS FROM SHARES (Check One)

- Effective _____, I would like **monthly** automatic transfers on the fifteenth (15th) of the month.
- Effective _____, I would like **semi-monthly** automatic transfers on the fifteenth (15th) of the month and the last day of the month.

FROM: (Check One) Regular Share Account (00) Share Checking Account (01)

TO: Account #	Suffix	Surname	Amount: Old	New
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

II. TRANSFERS FROM PAYROLL DEPOSIT

Effective _____, I would like my new allocations to be FROM: (Check One)

- my allotment my net pay deposit

TO: (LIST NEW ALLOCATIONS AND EXISTING ALLOCATIONS YOU WISH TO CONTINUE.)

Account #	Suffix	Surname	Amount: Old	New
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

III. I understand that I am responsible for all loan payments due before automatic payments begin.

Signature _____ Date _____

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Prepared By _____ Effective Date _____