# 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:**  

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## II. TRANSFERS FROM PAYROLL DEPOSIT

Effective ________________, I would like my new allocations to be  
- [ ] my allotment  
- [ ] my net pay deposit

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

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

**Signature** ____________________________ **Date** ____________________________

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For office use only

Prepared By ____________________________  
**Effective Date** ____________________________

SCU 093 (04/15) (intra/internet)