



Branch _____
Teller ID _____

Payroll/Transfer Distribution Form

Member # _____ Name _____

A/C/D	Source	Company Name	Priority	Amount	To Member #	Account	Start Date

PLEASE CHECK ONE: MBR. ADVISED EMPLOYER TO DEPOSIT TO: SHARES
 SHAREDRAFT

WCFCU WILL NOT SET UP DISTRIBUTION IF NOT CHECKED UNTIL FIRST PAYROLL IS CREDITED TO ACCOUNT

Member's Signature _____ Date _____

Revised 23APR08