

PAYROLL/ACH DEDUCTION FUNDS DISTRIBUTION



**ProMedica[®]
Federal Credit Union**

For Your Financial Health

Start **Change** **Internal** **Stop**

Last Name _____

First Name _____

Account # _____

Employer _____

Employee I.D. _____

Credit Union Treasurer: I authorize ProMedica Federal Credit Union to deduct the following amount from my Direct Deposit each period until further notice from me. This deduction will be credited in accordance with the standard procedure of the credit union as follows:

Savings	# - 00	\$ _____
Vacation	# - 10	\$ _____
Checking	# - 09	\$ _____
Holiday	# - 05	\$ _____
Money Mkt	# - 01	\$ _____
IRA	# _____	\$ _____
Loan	# _____	\$ _____
Loan	# _____	\$ _____
Other	# _____	\$ _____
Other	# _____	\$ _____
Other	# _____	\$ _____

Signature _____ **Date** _____