

Tonawanda Valley Federal Credit Union

Ten Jefferson Square
P.O. Box 398
Batavia, N.Y. 14021
(585) 343-5627 / 1-800-722-8224 / Fax (585) 344-2383
www.tvfcubatavia.com

For Office Use
Received by Teller #
Received On
Mail / Night Drop / Fax / Payroll
For Main Member / For Joint Owner

PAYROLL DISTRIBUTION

Member # _____ and Routing & Transit Number: **222 383 479**

To ensure accurate direct deposit, please provide the depositor with your Member # and TVFCU's Routing & Transit #. Inform the depositor of the **total amount** of funds that you want to send to TVFCU and to transmit this as a **savings deposit**. If you need to change the amount of your deduction, you must notify your depositor.

Name _____ SSN# _____
Telephone # (____) _____ Home / Work / Cell Date _____
Signature _____
Name of employer, government agency or other depositor sending us your funds: _____

List other companies that currently send funds to this account: _____

1. Has this depositor sent funds to your account at TVFCU before? Yes _____ No, first time _____
2. If yes, were the funds sent to the same member # listed above? Yes _____ No, before sent to member # _____
3. What is the total amount being sent to the Credit Union? _____
4. What is the frequency of this deposit? Weekly, Bi-weekly, Monthly, Bi-monthly, Quarterly, Random, One-time
5. When do you expect this deposit to post next to your account? _____
6. This distribution will be effective immediately, unless an alternate date is specified: _____
7. Please indicate below how you would like the funds from this company distributed.
List the order, or "Priority" that your funds should allocate.

____ Priority \$ _____ Loan # _____ Member # _____
____ Priority \$ _____ Loan # _____ Member # _____
____ Priority \$ _____ Loan # _____ Member # _____

Please note that loans paid through payroll have to be approved by the Loan Department and must be allocated as first priority.

____ Priority \$ _____ CHECKING # _____
____ Priority \$ _____ Primary Savings #0 _____
____ Priority \$ _____ Secondary Savings #3 _____
____ Priority \$ _____ Secondary Savings #5 _____
____ Priority \$ _____ Vacation Club #2 _____
____ Priority \$ _____ Christmas Club #7 _____
____ Priority \$ _____ HSA Account #6 _____

Allocate funds to another account number

____ Priority \$ _____ Member # _____ Name _____ Suffix _____
____ Priority \$ _____ Member # _____ Name _____ Suffix _____
____ Priority \$ _____ Member # _____ Name _____ Suffix _____
____ Priority \$ _____ Member # _____ Name _____ Suffix _____
____ Priority \$ _____ Member # _____ Name _____ Suffix _____
____ Priority \$ _____ Member # _____ Name _____ Suffix _____

REMAINDER of funds to Member # _____ Name _____ Suffix # _____

***A new form must be completed if you wish to change any part of your distribution.
Please return this form to TVFCU.**