DIRECT DEPOSIT
DISTRIBUTION FORM

Account Number _____ Date _____

Employer _____

Name _____

Current Deposit Amount $_____

New Amount $_____

New Amount Payroll Due Date _____

Please Circle One of the following that applies to this payroll deduction:

Start Stop Increase Decrease Redistribute

Deposit to:

Account Number	Account Type	First 3 Letters of Last Name	Amount to be Deposited

Received by_____ Date_____ Via_____Total _____

_____

Signature of Depositor

Once your form is completed please return it to the credit union. You can drop off your form in person at the office, mail it to: TCCU, PO Box 547, Taylor, MI 48180, or fax it to (313) 291-6899. Please contact us at (800) 291-3003 if you have any questions.