

**EQUITABLE FEDERAL CREDIT UNION
PAYROLL CARD**

CURRENT DISTRIBUTION PLAN

NAME: NICOLE N STEWART

INCOMING ACCOUNT: 252786-00

EMPLOYER: EQUITABLE

SSN: 292-92-8125

REQUESTED DEDUCTION (EACH PAY): _____

OVERFLOW ACCOUNT: 252786-09

DEDUCTIONS WILL BE APPLIED AS FOLLOWS:

Please check box if target is to be deleted

ACCOUNT #	AMOUNT	ACCOUNT #	AMOUNT
<input type="checkbox"/> 252786-00	\$10.00	<input type="checkbox"/> 252786-01	\$10.00
<input type="checkbox"/> 252786-07	\$5.00		

SUM OF TARGETS: \$25.00

CREATE NEW / EDIT DISTRIBUTION PLAN

NEW _____ **CHANGE** _____ **EFFECTIVE** ____/____/____

FIRST FULL PAYMENT DUE: _____

NAME: _____

MEMBER NUMBER: _____

EMPLOYER: _____

SSN: _____

REQUESTED DEDUCTION (EACH PAY): \$ _____

OVERFLOW ACCOUNT: _____

TARGET ACCOUNT(S)

ACCOUNT # _____	\$ _____	ACCOUNT # _____	\$ _____
ACCOUNT # _____	\$ _____	ACCOUNT # _____	\$ _____
ACCOUNT # _____	\$ _____	ACCOUNT # _____	\$ _____
ACCOUNT # _____	\$ _____	ACCOUNT # _____	\$ _____

By signing and returning this payroll card, I am authorizing Equitable Federal Credit Union to make the above-stated changes to my direct deposits. These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. I agree that I must submit another payroll card to terminate or make any changes to my payroll deductions.

MEMBER SIGNATURE _____ **DATE** _____

MSR INITIALS _____ **DATE** ____/____/____