Payroll Distribution Form

Member Name: _____

Account Number: _____

Company Name Payroll coming in from: _____

I would like to:

_____ Start an automatic transfer

_____ Change my automatic transfer

_____ Cancel my automatic transfer

I authorize Denver Fire Department Federal Credit Union to distribute my direct deposit of payroll from the above named company in the amounts listed below to the referenced accounts.

Account Number	Share/Loan Number	Dollar Amount

Member Signature: _____   Date: _____