

			/
Social Security No.	Name (Last, First, Middle)	C.U. Share Account No.	Effective Date

Payroll Distribution Form

Distribution of Deduction to ECSFCU

	Receiving Account No.	Shares (s) Loans	Amount		Receiving Account No.	Shares (s) Loans	Amount
1				6			
2				7			
3				8			
4				9			
5				10			

-
- _____
- Grossmont Union High School District**
- Grossmont-Cuyama Community College District**

I hereby authorize the East County Schools Federal Credit Union to distribute deductions received from the above named company as indicated on this form. I certify that I am a qualified member of the East County Schools Federal Credit Union and that the company making these deductions is acting as my agent. This form must be in the Credit Union office by the last working day of the month prior to the month in which it is to be effective. This form must be received two months prior to the effective date of a new deduction.

The undersigned acknowledges and agrees that East County Schools Federal Credit Union assumes no liability whatsoever for any claims, losses, damages, liabilities, or expenses (including attorney's fees) that the undersigned may incur arising out of or in any way related to the direct deposit to your account.

X _____
Member's Signature

Date

FOR CREDIT UNION USE ONLY

_____/_____
Employee's Initials Date

Date Completed (*Payroll use only*)

Checking
 Savings