

CALIFORNIA COMMUNITY CREDIT UNION ACH/PAYROLL DISTRIBUTION

Account # _____

Name _____

Last
First
MI

Company Name _____ Date to start/change deposit _____

Initial request for deposit **Request to change amount**

CURRENT TOTAL AMOUNT OF DEPOSIT: \$ _____

NEW TOTAL AMOUNT OF DEPOSIT: \$ _____

Distribution as follows:

Account#	Type	Name	Current Amount	New Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total			_____	_____

I hereby authorize the above payroll deductions to be sent to California Community Credit Union.

Signature _____ Date _____

Staff Signature _____ Date _____