

P.O. Box 8929 • Stockton, CA 95208 • 209-235-1100 • Fax 209-235-1121 • www.PremierCCU.com

Direct Deposit Distribution Form

Complete the form below and we will distribute your funds as you direct every time we receive your direct deposit from the company named below. This distribution will continue until canceled in writing.

If you choose to make changes to any of your existing distributions, make sure to include all distributions on this form. This form will supersede all previous Direct Deposit Distribution forms.

MEMBER INFORMATION Your direct deposit goes to:			
	Share ID:		
viember ivumber:	Share ID:		
Member Name:	Phone N	Phone Number:	
DIRECT DEPOSIT INFORMA	TION		
Company Name:	Company ID Num	Company ID Number* (10 digits):	
* If the company name or company I new form. This will ensure that there	ID changes, please let us know at least 3 business dane's no interruption.	ys prior to the next deposit by completing a	
DISTRIBUTION INSTRUCTIO	DNS		
DISTRIBUTION #1			
Member Number:	Share/Loan ID:	Amount: \$	
DISTRIBUTION #2			
Member Number:	Share/Loan ID:	Amount: \$	
DISTRIBUTION #3			
	Share/Loan ID:	Amount: \$	
DISTRIBUTION #4			
Member Number:	Share/Loan ID:	Amount: \$	
DISTRIBUTION #5			
	Share/Loan ID:	Amount: \$	
CANCEL DIRECT DEPOSIT			
☐ I hereby authorize Premier Comm	unity Credit Union to cancel the direct deposit distrik	oution(s) above. This cancellation notice is	
	ity Credit Union at least three (3) business days befor		
AUTHORIZATION			
Mamber Signature	Date:		
Member Signature		_Date:	
Credit Union - Back Office Use	e Only:		
	•		
Processed Date:	Teller Number: Signature:		