



Eff. Date of Distribution _____

This form will not start or stop a direct deposit from your employer. This form is to distribute a previously established direct deposit to the appropriate accounts.

Name _____ Member # _____

Direct Deposit Amount:
 (Enter "NET" or a specific dollar amount)

Payroll Source** _____
 (**If SJMC Payroll and amount of deposit changed, be sure to complete the HR Direct Deposit Form.)

I have reviewed the distribution instructions on the back of this card and by signing below, I agree this is how my direct deposit should be distributed to my various accounts.

Member Signature _____ Date _____

	Member Number	Suffix	Amount
Savings	_____	_____	_____
Checking	_____	_____	_____
Xmas Club	_____	_____	_____
Vac Club	_____	_____	_____
IRA	_____	_____	_____
Loan	_____	_____	_____
Loan	_____	_____	_____
Loan	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____