

# NRLFCU PAYROLL DISTRIBUTION REQUEST FORM

Email to: [operations@nrlfcu.org](mailto:operations@nrlfcu.org)

<b>Date of Request:</b>	_____	
<b>Employee Name:</b>	_____	<b>Extension #:</b> _____

MEMBER INFORMATION		
<b>Name of Member Receiving Payroll:</b> _____		
<b>Phone Number Where Member Can Be Reached:</b>		
	<b>Home:</b>	_____
	<b>Work:</b>	_____
	<b>Other:</b>	_____
<b>Account Where Payroll Will Be Deposited:</b> _____		

PAYROLL INFORMATION	
<b>Payroll Company Name:</b> _____	
<b>Frequency of Payroll:</b> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/>	
<b>Expected Date of Payroll:</b> _____	

DISTRIBUTION INFORMATION			
<b>Type of Payroll that will trigger distribution (check all that apply):</b>			
Standard Payroll	<input type="checkbox"/>	Incentive (Bonus)	<input type="checkbox"/>
		Reimbursement (Travel)	<input type="checkbox"/>
Account Where Distribution Will Go	Fill in ONLY ONE Distribution Method		
	\$ Amount	% of Loan Payment	% of Payroll
<i>Form Effective Date: May 18, 2006</i>			