



**DIRECT DEPOSIT DISTRIBUTION(S) REQUEST
OR
PRE-AUTHORIZED TRANSFER(S)**

Member Name: _____ Member #: _____

Initiate Change Cancel/Stop

Distribution from direct deposit to account #: _____ Start date: _____

Or

Pre-auth of transfer from account #: _____ Authorization #: _____

Monthly or Bi-weekly Other _____ Start date: _____

Credit to Account #:	Name of account holder:	Amount to credit:
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL DISTRIBUTED AMOUNT(S):		\$

Member Signature: _____ Date of Request: _____

I/We hereby authorize LAPFCU to make the above transfer request(s). I/We hereby understand that if my Direct Deposit is not received by LAPFCU or if funds are not available in my account, that the above transfer(s) will not be made.

Credit Union Use Only:

Start/Effective Date:

Associate Initials & OP#:

Date processed: