



Branch _____
Teller ID _____

Payroll Distribution/Transfer Form

Member # _____ Name _____

A/C/D	Source	Company Name	Priority	Amount	To Member #	Account	Start Date

PLEASE CHECK ONE: MBR. ADVISED EMPLOYER TO DEPOSIT TO: **SHARES**
KO'OLAU FCU WILL NOT SET UP DISTRIBUTION IF NOT CHECKED UNTIL **SHAREDRAFT**
FIRST PAYROLL IS CREDITED TO ACCOUNT

Member's Signature _____

Date _____