



ACH PAYROLL DISTRIBUTION

MEMBER NO. _____

I hereby authorize the First Class Community Credit Union to withdraw from my Share Account each pay period, the following amounts for:

Account	Type	Payment Amt	Effective Date	Payroll Company Name
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Bucket Account _____ Loan Officer _____

Periodic Payment:

From Acct	Type	To Acct	Type	Payment Amt	Frequency	Effect Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

In the event that any insurance premium is added to any loan because I have failed to provide proof of coverage to First Class Community Credit Union, I hereby authorize First Class Community Credit Union to increase the distribution for that loan payment by an amount which will repay the amount of the insurance premium added in 12 months.

When "repay" is listed as the payment amount of the loan, First Class Community Credit Union is authorized to increase or decrease the payroll distribution to satisfy the minimum payment requirement of the disclosure given to me.

In the event of bankruptcy, I will be responsible for stopping any payroll allotment or distribution of my allotment and relieve First Class Community Credit Union of the responsibility of doing so within 10 business days of the filing date. If I fail to direct the credit union to stop my payroll allotment, then the credit union may deem my continued payroll allotment as voluntary payments on my obligations.

Signature

Date