

Direct Deposit and Distribution Forms

Instructions: Please fill out both forms completely. Cut the form where indicated and return the **Employer Portion** to your employer's payroll department and the **Harborstone Portion** to Harborstone Credit Union.

Employer Portion: Return to your employer's payroll department.

Important: This form will cancel/replace all direct deposits currently going to your Harborstone Credit Union account.

All funds will be deposited into: _____ **325180870**
Account Type Account Number Routing Number

If you have a Harborstone checking account, it should be listed as the account above. Distributions to other Harborstone accounts will be made from this account.

I authorize my full paycheck to be deposited to my Harborstone Credit Union account (listed above), beginning on _____ and continuing until cancelled. mm/dd/yyyy

I authorize \$_____ per pay period to be deposited to my Harborstone Credit Union account (listed above), beginning on _____ and continuing until cancelled.
mm/dd/yyyy

Member Name (please print) _____ Daytime Phone _____

Signature _____ Date _____

Harborstone Portion: Return to any Harborstone branch or mail to Harborstone Credit Union, P.O. Box 4207, Tacoma, WA 98438-0207.

Member Name (please print) _____ Daytime Phone _____

Social Security Number _____ Date of Birth _____

Harborstone Account Number (where direct deposit is deposited) _____

Employer Name _____

Employer Address _____

City _____ State _____ ZIP _____

Distribution Accounts	Amount per Pay Period	Type of Distribution
Account Type: _____ Account Number: _____	\$ _____	<input type="checkbox"/> New distribution <input type="checkbox"/> Change to current distribution
Account Type: _____ Account Number: _____	\$ _____	<input type="checkbox"/> New distribution <input type="checkbox"/> Change to current distribution
Account Type: _____ Account Number: _____	\$ _____	<input type="checkbox"/> New distribution <input type="checkbox"/> Change to current distribution
Total Distributions (cannot exceed amount of direct deposit)	\$ _____	

Member Signature _____ Date _____

Prepared By: _____