

## **Payroll Distribution Cancellation Form**

The following document must be signed for the request to be processed.

Complete and return for processing	<b>;.</b>	
At a Branch: Bring to any branch office.	<b>By Fax:</b> 256-722-3600	<b>By Mail:</b> Redstone Federal Credit Union ATTN: ACH/Wire Processing 220 Wynn Drive Huntsville, AL 35893
Member Information		
Member Name:		Member Number:
SSN:	Employer:	
Account number than payroll is currently de	eposited to:	
Request Type		
☐ Cancel the below distributions	☐ Cancel all distributions	
Distributions		
Please include the full account number for	each distribution.	
Account Number:		Amount:
Loan Account Number:		Amount:
Loan Account Number:		Amount:
Owner's Signature		
I hearby authorize and request Redstone Fe	ederal Credit Union to cancel my distribution	ns as listed above.
Member Signature:	Date:	Daytime Phone:
RFCU Employee (type or print):	Branch/Dept:	Ext: