

DIRECT DEPOSIT / PAYROLL DEDUCTION AUTHORIZATION / ALLOCATION FORM

Account Number: _____
(Required)

Payroll Company Use:
R/T # 221174508

Name: _____
Last First MI Daytime Phone

Company Name: _____

Company Mailing Address: _____
City State

Payroll Contact: _____
Phone

SS #: _____ - _____ - _____

Signature: _____ Date: _____

I elect: Payroll Deduction \$ _____ Direct Deposit \$ _____ Cancellation

Flat Amount Pay \$ _____ Net Pay \$ _____

I am paid: Weekly on _____ Day of Week Bi-Weekly on _____ Day of Week

Monthly on _____ Day of Month Semi-Monthly on _____ Days of Month (ie: 15th, 30th)

Deposit to (choose one): Savings Checking (Distributions listed to the right will be transferred to this account)

Please distribute my deductions in the following manner:

Regular Share Savings (S1) \$ _____

Share Draft Checking (S4) \$ _____

Vacation Club (S7) \$ _____

Christmas Club (S8) \$ _____

Money Market Investment (S5) \$ _____

IRA Money Management (S2) \$ _____

Family Transfer

To: _____ \$ _____
Acct # Acct. Type

To: _____ \$ _____
Acct # Acct. Type

Loan # _____ \$ _____

Loan # _____ \$ _____

Loan # _____ \$ _____