



Direct Deposit / Payroll Deduction Authorization Allocation Form

R/T # 221174508

Account Number (Required) _____ Payroll Company Use _____

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Daytime Phone Number _____

Company Name _____

Company Mailing Address _____ City _____ State _____ Zip _____

Company Payroll Contact _____ Phone _____

Signature _____ Date _____

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

I am paid: Weekly (Day of Week) _____ Bi_Weekly (Day of Week) _____

Monthly (Day of Month) _____ Semi-Monthly (Days of Month -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:

Savings: _____ \$ _____

Savings: _____ \$ _____

Checking..... _____ \$ _____

Holiday Club..... _____ \$ _____

Vacation Club..... _____ \$ _____

Money Market..... _____ \$ _____

IRA Money Management..... _____ \$ _____

Other: _____ \$ _____

Family Transfer:

To: _____ \$ _____

Account # _____ Account Type _____

Loan# _____ \$ _____

Loan# _____ \$ _____