



Credit Union Use Only: ACU EFT Group # _____ Initial _____ New Loan# _____ Payment \$ _____ Add-On Loan # _____ From \$ _____ To \$ _____
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Direct Deposit Allocation Form

**NOTICE: Each time you want to change your Allocation you must complete a new Direct Deposit Allocation Form. You must notify your EMPLOYER if you want to START, CHANGE OR STOP the dollar amount of your Direct Deposit to the Credit Union. ACU Routing & Transit (ABA) #311982435**

**EMPLOYEE INFORMATION**

**ALLOCATION INFORMATION**

Employee Name:

S.S.#:

Acct.#:

Employer:

Pay Schedule:

Weekly

Bi-Weekly

Semi-Monthly

Monthly

*I hereby authorize America's Credit Union to begin this allocation until further notice. I understand that direct deposit will not start or stop until I notify my employer.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This section must be completed in full and you must select one of the following:

	Start Deposit	Change Deposit	Stop Deposit
	<b>Savings</b>		<b>Checking</b>
	<u>Account</u>	<u>Amount</u>	<u>Amount</u>
Savings	From \$		To \$
Checking	From \$		To \$
IRA #	From \$		To \$
Other #	From \$		To \$
Other #	From \$		To \$
Escrow #	From \$		To \$
Loan #	From \$		To \$
Loan #	From \$		To \$
<b>GRAND TOTAL To Be Deducted from paycheck :</b>			\$
<b>DEDUCTION START DATE:</b>			\$