



### DIRECT DEPOSIT ALLOCATION

MEMBER NAME: \_\_\_\_\_ MEMBER NUMBER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (If no date, effective immediately) \_\_\_\_/\_\_\_\_/\_\_\_\_

Until further written notice is given by me, please apply my Direct Deposit Allocation as indicated below.

TOTAL DEDUCTION PER PAY PERIOD: \$ \_\_\_\_\_  
(Indicate amount of "net amount")

#### DISBURSEMENTS

Share Savings	\$	_____
Checking	\$	_____
Super Savings	\$	_____
Christmas	\$	_____
Vacation	\$	_____
IRA	\$	_____
Loan #	\$	_____
Loan #	\$	_____
Loan #	\$	_____
Loan #	\$	_____
Other:	\$	_____
<b>TOTAL</b>	<b>\$</b>	<b>_____</b>

#### REMINDER:

If this form indicates a deposit to a Share Savings, Checking, Christmas, Vacation, Super Savings or Other Account and you do not request these accounts to be opened, that deposit will be made to the Share Savings Account instead.

I, \_\_\_\_\_, being a member of Ocean Financial Federal Credit Union do hereby authorize the credit union to change my automatic payroll deduction to include regular payments for any and all loans for which I am responsible; furthermore the credit union is authorized to make any other automatic payroll deduction(s) I request.

\_\_\_\_\_  
Primary Member Signature

\_\_\_\_\_  
Date



(Use this space for notary stamp/seal)

I certify that the information provided above is my true and correct identity information.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Member/Owner

State of \_\_\_\_\_, County of \_\_\_\_\_  
City, Town, Village of \_\_\_\_\_

This person named hereon personally came before me and signed above on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires on \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

#### FOR OFFICE USE ONLY

Processed by: \_\_\_\_\_ Teller No.: \_\_\_\_\_ Date: \_\_\_\_\_  
(FULL NAME)