

**Members Plus Credit Union**

Return form to: Members Plus Credit Union  
29 High Street, Medford, MA 02155  
781-905-1500

**Account Allocations**  
(MPCU Use Only)

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Employee # \_\_\_\_\_

Employer address \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Pay frequency (check one): \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly  
\_\_\_\_\_ Bi-weekly (26/year) \_\_\_\_\_ Semi-monthly (24/ year)

Please allocate my deposit among my credit union savings and loan accounts as follows:

FROM: \_\_\_\_ Savings \_\_\_\_ Checking

TO:

	<b>Amount</b>
_____ Share Account	\$ _____
_____ Checking Account	\$ _____
_____ Money Market Deposit Account	\$ _____
_____ Christmas Club Account	\$ _____
_____ Vacation Club Account	\$ _____
_____ WIIN Club Account	\$ _____
_____ Dependent Life Insurance Account	\$ _____
_____ IRA Share	\$ _____
_____ Traditional ____ Roth ____ Educational	\$ _____
_____ IRA Money Market	\$ _____
_____ Traditional ____ Roth ____ Educational	\$ _____
_____ Other (specify) _____	\$ _____
_____ Other (specify) _____	\$ _____

\*All loans will be processed on the due date

_____ Loan #1 (specify) _____	\$ _____
_____ Loan #2 (specify) _____	\$ _____
_____ Loan #3 (specify) _____	\$ _____
_____ Loan #4 (specify) _____	\$ _____

Please credit any additional funds to my \_\_\_\_\_ account.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Credit Union Use Only**

Received by: \_\_\_\_\_

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

First Payroll Date: \_\_\_\_\_