First Castle
Federal Credit Union

DIRECT DEPOSIT ALLOCATION

Name _____ Member # _____

Payroll ID # _____ Soc Sec # _____

Phone # _____

**** Payroll increases/decreases generally take one to two pay periods to initiate****

I understand these transfers will continue until I notify the Credit Union in writing to cancel or update the transfer or if the Credit Union notifies me the transfers will discontinue.

_____ _____
Signature Date

☐New ☐Update ☐Cancel

PAYMENT FREQUENCY:

☐WEEKLY ☐BIWEEKLY ☐MONTHLY ☐OTHER_____

ROUTING # 265075883

☐**Amount $ _____** ☐**Net $ _____**

Savings Account (share)	$ _____	
Checking Account (share draft)	$ _____	
Christmas Savings	$ _____	
Loan #	$ _____	
Loan #	$ _____	
Other	$ _____	
Other	$ _____	
Cross member transfer	$ _____	to member # _____
Cross member transfer	$ _____	to member # _____
Cross member transfer	$ _____	to member # _____
Total	**$ _____**	

Request taken by: _____ **Start Date: _____**

Changes made by: _____ **Date: _____**