



## TRANSFER/PAYROLL ALLOCATION AUTHORIZATION

### APPLICANT INFORMATION

New <input type="checkbox"/>	Change <input type="checkbox"/>	Stop <input type="checkbox"/>	Member Number:	Transfer <input type="checkbox"/>	Payroll <input type="checkbox"/>
Member Name:					
Employer:				Payroll Group:	
Pay Frequency: Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/>					

### PAYROLL ALLOCATION

<b>PRIMARY SAVINGS:</b>	<b>CHECKING:</b>	<b>MONEY MARKET:</b>
<b>HOLIDAY CLUB:</b>	<b>VACATION CLUB:</b>	<b>IRA:</b>
<b>FIRST STATE SAVES:</b>	<b>OTHER _____:</b>	<b>OTHER _____:</b>
<b>LOAN _____: \$</b>	<b>LOAN _____: \$</b>	<b>LOAN _____: \$</b>

### TRANSFER INFORMATION

From : <i>(example: Savings 01)</i>		To: <i>(example: Checking 75)</i>	
Account Type	Amount	Account Type	Amount

### CROSS ACCOUNT TRANSFER INFORMATION (JOINT ACCOUNTS ONLY)

From Account:		To Account:	
Account Type	Amount	Account Type	Amount

### CROSS ACCOUNT TRANSFER INFORMATION (OTHER ACCOUNTS ONLY)

From my account:		To the account of:	
		Account Number:	
Account Type	Amount	Account Type	Amount

**I AUTHORIZE DELAWARE ALLIANCE FEDERAL CREDIT UNION TO MAKE THE ABOVE TRANSFER/PAYROLL ALLOCATIONS AS REQUESTED AND AGREE TO MAINTAIN SUFFICIENT FUNDS TO COVER THESE TRANSACTIONS.**

Signature of applicant:	
Joint Signature: <i>(not required)</i>	Date: