



ALLOTMENT - DIRECT DEPOSIT FORM

SECTION 1 (TO BE COMPLETED BY THE PAYEE)

Name of Payee (last, first, mi):			Type of Depositor Account:		
			<input type="checkbox"/> Share Draft <input type="checkbox"/> Share		
Address (street, route, P.O. Box):			Depositor Account Number:		
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
City:	State:	Zip Code:	Company:		
Telephone Number Area Code:			Type:		
Social Security Number:			<input type="checkbox"/> Direct Deposit (entire paycheck)		
Payee Certification: I authorize my payment to be sent to Jersey Shore Federal Credit Union to be deposited to the designated account(s) as indicated below.			<input type="checkbox"/> Allotment (flat amount each pay)		
			Total Amount of Allotment: _____		
Signature:				Date:	

DISTRIBUTION BREAKDOWN

SECTION 2 (TO BE COMPLETED BY THE PAYEE AND CREDIT UNION)

Priority: <input type="checkbox"/>	To Account: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Suffix: <input type="checkbox"/>	Amount:	Start Date: _____ Stop Date: _____
Priority: <input type="checkbox"/>	To Account: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Suffix: <input type="checkbox"/>	Amount:	Start Date: _____ Stop Date: _____
Priority: <input type="checkbox"/>	To Account: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Suffix: <input type="checkbox"/>	Amount:	Start Date: _____ Stop Date: _____
Priority: <input type="checkbox"/>	To Account: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Suffix: <input type="checkbox"/>	Amount:	Start Date: _____ Stop Date: _____
Payees Signature:				

Suffix: 0 - Main Shares (Savings) 2 - Share Draft (Checking) 4 - Vacation Club 6 - IRA 8 - Holiday Club

SECTION 3 (TO BE COMPLETED BY THE CREDIT UNION)

Jersey Shore Federal Credit Union 1434 New Road Northfield, NJ 08225	Routing Number: 23127744	Check Digit: 0
JERSEY SHORE FEDERAL CREDIT UNION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of Jersey Shore Federal Credit Union, I certify that the credit union agrees to receive and deposit the payment identified above.		
Representatives Name:	Signature of Representative	Date:
Telephone Number: (609) 646-3339		