



DIRECT DEPOSIT ALLOCATIONS INSTRUCTIONS

IMPORTANT: This form does not change any instructions with your payroll department. If you need to increase or decrease your direct deposit coming to the Credit Union, please contact your payroll department.

Direct Deposit Allocations are transfers from the primary account where your direct deposit posts to other accounts or loans you have with the Credit Union. Your allocation requests tell us how to distribute funds to other accounts like savings, checking, or club accounts. You can also have funds directed to your loans or visa.

To set up allocations you must first have your payroll direct deposited with the credit union. Allocations must be equal to or less than the direct deposit amount being received. Once your deposits are being received by the credit union, complete the form below and fax to the credit union at 225-927-1960 or mail to: Eagle LA Federal Credit Union, Attn: Accounting, PO Box 64630, Baton Rouge LA 70896. Allocations must be equal to or less than the direct deposit amount being received. Your allocations will be entered when received and should begin within two weeks.

To change an existing allocation, complete the form below and fax to the credit union at 225-927-1960 or mail to: Eagle LA Federal Credit Union, Attn: Accounting, PO Box 64630, Baton Rouge LA 70896. Your allocations will be entered when received and should begin within two weeks.

NOTE: Allocations are tied directly to your payroll deposit. If you change jobs, or your company changes names it could affect your allocations. It is your responsibility to ensure that all of your loan payments are made timely.

If you should have any questions please feel free to contact the credit union at 225-927-1900 or 888-281-8485.



DIRECT DEPOSIT ALLOCATIONS

Name: _____
 Social Security Number: _____ - _____ - _____
 Member Number: _____
 Home Telephone: (____) _____ Work Telephone (____) _____

Source of Deposit: State Payroll State Retirement Social Security Military Other
 Name of Employer: _____
 Next Payroll Date: _____
 Payroll Cycle: Weekly Bi-Weekly 1st and 15th Monthly Other

THIS FORM SUPERSEDES AND REPLACES ALL OTHER AUTHORITY FOR THIS ALLOCATION.
 Please list all current and new allocatons.

Account Type	Account Number	Amount	Social Security Number & Name on Account if other than your own.
Share Savings	001	\$	
Share Savings		\$	
Christmas Club		\$	
Checking		\$	
Checking		\$	
Visa Payment		\$	
Loan Payment		\$	
Loan Payment		\$	
Loan Payment		\$	
Other		\$	
Total Allocations		\$	

By signing below, I authorize Eagle Louisiana Federal Credit Union to allocate my direct deposit to the accounts/loans designated above. I acknowledge that it is my responsibility to ensure that all loan payments are made in a timely manner. I further acknowledge that I must notify the Credit Union to update my allocations if the source of my Direct Deposit changes.

 Signature Date

FOR INTERNAL USE ONLY

MSR NAME	MSR TELLER #	START DATE
COMPANY NAME	OTHER CRITERIA	
SOURCE ACCOUNT	OTHER CRITERIA	