



200 North 16th Street
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 Philadelphia, PA 19101-7480

toll-free 800.806.9465
locally 215. 569.3700
fax 800.705.9069
 mail@sb1fcu.org
 www.sb1fcu.org

Please see your internal Human Resources representative to obtain your company's direct deposit form. That form must accompany this allocation form.

Name: _____ Social Security Number: _____

Company Name: _____ Location: _____

Total to be deducted and allocated as follows:
 Write "Net Pay" at savings or checking if desired.

New ___ Change ___ Cancel ___

Shares (savings)	(1)	\$ _____	Loan (142)	\$ _____
Share Draft (checking)	(2)	\$ _____	Loan (143)	\$ _____
Holiday Club	(8)	\$ _____	Loan (152)	\$ _____
Vacation Club	(9)	\$ _____	Loan (153)	\$ _____
IRA Account	()	\$ _____	Loan (154)	\$ _____
Other savings	()	\$ _____	Loan ()	\$ _____
Other savings	()	\$ _____	Loan ()	\$ _____
Family member accounts:				
_____	()	\$ _____		
_____	()	\$ _____		
_____	()	\$ _____		
Total to be deducted		\$ _____		

Please return all forms to the Credit Union at SB1FCU, P.O. Box 7480, Philadelphia, PA 19101-7480,
 or fax back to us at 215.751.9872 or 800.705.9069.