



# State Highway Patrol Federal Credit Union

## Funds Allocation Form

1900 Polaris Pkwy. Ste. 400 Columbus, OH 43240

614-431-0784 or 800-282-3006

Fax 614-431-1158 www.patrolcu.com

Name (Last-First-MI)

Member/Account Number

\_\_\_\_\_

\_\_\_\_\_

Address

Last 4 digits of SS#

\_\_\_\_\_

\_\_\_\_\_

Home Phone/ Work Phone/ Cell Phone

Email Address

\_\_\_\_\_

\_\_\_\_\_

Please specify:  New  Update/ Change  Cancel

**You must set up your direct deposit or payroll deduction through your employer.** Please note the name of your employer that the deposit or payroll deduction is set up with for loan payment tracking if necessary.

\_\_\_\_\_

### Frequency:

Bi-Weekly  Monthly  Day/ Date(s) \_\_\_\_\_ **SHPFCU's Routing # 244077899**

### Payroll Allocation: (Please mark savings or checking as to how your primary deposit is set up)

Savings Account# \_\_\_\_\_ \$ \_\_\_\_\_

Blue Max Savings Account# \_\_\_\_\_ \$ \_\_\_\_\_

Checking Account# \_\_\_\_\_ \$ \_\_\_\_\_

Visa # \_\_\_\_\_ \$ \_\_\_\_\_

Loan # \_\_\_\_\_ \$ \_\_\_\_\_

Loan # \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Please print this form and return it with your original signature below.

X \_\_\_\_\_ Effective Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_