



Return form to: Members Plus Credit Union
 29 High Street, Medford, MA 02155
 781-905-1500

Account Allocations
 (MPCU Use Only)

Name:	Social Security #:
Daytime Phone:	
Employer:	Employee#:
Employer Address:	Employer Phone:

Pay frequency (check one): Weekly Monthly
 Bi-weekly (26/year) Semi-monthly (24/ year)

Please allocate my deposit among my credit union savings and loan accounts as follows:

FROM: Savings Checking

TO:	Amount
<input type="checkbox"/> Share Account	\$ _____
<input type="checkbox"/> Checking Account	\$ _____
<input type="checkbox"/> Money Market Deposit Account	\$ _____
<input type="checkbox"/> Holiday Club Account	\$ _____
<input type="checkbox"/> Vacation Club Account	\$ _____
<input type="checkbox"/> WIIN Club Account	\$ _____
<input type="checkbox"/> Dependent Life Insurance Account	\$ _____
<input type="checkbox"/> IRA Share	\$ _____
<input type="checkbox"/> <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> Educational	_____
<input type="checkbox"/> IRA Money Market	\$ _____
<input type="checkbox"/> <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> Educational	_____
<input type="checkbox"/> Other (specify) _____	\$ _____
<input type="checkbox"/> Other (specify) _____	\$ _____

*All loans will be processed on the due date

<input type="checkbox"/> Loan #1 (specify) _____	\$ _____
<input type="checkbox"/> Loan #2 (specify) _____	\$ _____
<input type="checkbox"/> Loan #3 (specify) _____	\$ _____
<input type="checkbox"/> Loan #4 (specify) _____	\$ _____

Please credit any additional funds to my _____ account.

Signature _____ Date _____

Credit Union Use Only		
Received by: _____	Date: _____	First Payroll Date: _____