



5508 Citrus Boulevard, Harahan, LA 70123 504.733.7274 / 800.749.6193 **asifcu.org**

**Direct Deposit Authorization and Allocation Form**  
ABA/Routing Number #265075087

Member Name \_\_\_\_\_

Member Number (MUST be 10 digits-Add zeros to the beginning of #)

Circle One: Savings Account # Payroll Card Account # (Send as Checking Deposit)

**OR**

Checking Account Number (Must be 13 digits)

Employer \_\_\_\_\_ Payroll Group Number \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Initial Authorization**  **Change in Authorization**

By signing below, I hereby authorize my employer to credit my account with ASI Federal Credit Union the amount set forth below. If my employer erroneously deposits funds into my account, I authorize my employer to initiate the necessary debit entries. This authorization will remain in effect until the company has received written notification from me that it is to be terminated. If I fail to cancel this authorization upon filing for bankruptcy, the credit union is directed to apply deductions in accordance with this authorization.

Direct Deposit Amount \$ \_\_\_\_\_ **OR**  Net Check

Payroll Frequency (Please Check One):  Weekly  Bi-Weekly  Semi-Monthly  Monthly

**I authorize ASI to apply my payroll deduction for each pay period as follows:**

Share/Savings	\$ _____	Loan # _____	\$ _____
Share Draft (All types of Checking)	\$ _____	Loan # _____	\$ _____
Money Master	\$ _____	Other _____	\$ _____
IRA	\$ _____	Christmas Club	\$ _____

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only	FOM # _____	
	Request Taken by _____	(ASI Employee Teller # and Initials)
	Request Processed by _____	(ASI Employee Teller # and Initials)