



## eAllowance is a **FREE** periodic payment service which will automatically transfer money from a parent/guardian account into a child account.

Both parent/guardian and child must be members of Genisys Credit Union to utilize this service.

Please complete all of the sections of the form and return it to Genisys Credit Union.

• Fax: (248) 322-6512

Mail: Genisys Credit Union, P.O. Box 436034, Pontiac, MI 48343-6034

In Person: Any Genisys Credit Union branch location

## Please Use Black or Blue Ink Only

Parent/Guardian Name:_					
Parent/Guardian Member	Number:				
Child Name:					
Child Member Number: _					
eAllowance Amount:					
Transfer From Account Ty	ype & Numbe	er:			
Deposit To Account Type	& Number: _				<del></del> -
Frequency (pick one):	Weekly	Bi-Weekly			Monthly
Transfer Day (pick one):	Monday	Tuesday	Wednesday	Thursday	Friday
Start Date:					
Parent/Guardian Signatur	e:				
Date:					
Cancellation Instructions  ☐ I wish to cancel my eA				gn & date)	
Ž					
Parent/Guardian Signatur	e:				<del></del>
Dato:					