

Direct Deposit Authorization

Complete this form and submit it to your employer or source of revenue to start using your direct deposit.

Please fill out all information accurately and keep a copy for your records.

Personal Information

Member Name: _____

Social Security Number: _____ Employee Number: (If Applicable) _____

Street Address: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Account Information

My Credit Union is: Pacific Community Credit Union Account Type: Checking

Credit Union Routing Number: 322275610 Savings

Account Number: _____

Deposit Information

Effective: Immediately
 Beginning on: _____

Amount: Entire Net Pay
 _____ % of Net Pay
 Dollar Amount \$ _____ .00

Authorization:

To Employer/Payer Name: _____

I authorize the above Employer/Payer to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll/other amount to my above account at Pacific Community Credit Union, on a recurring basis until I notify you in writing that I revoke this authorization.

Printed Name: _____

Authorized Signature(s) _____ Date: _____



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