

## Authorization to deposit the net amount or a portion of your pay or benefits check.

- Complete and sign the form.
- Give this form to your employer or organization that sends or deposits your pay.
- **If you do not have your Provident account number(s):** Mail to the address above (attention: Account Services), fax\* to (650) 508-0619, or stop by any Provident Community Branch.

## Personal Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
↑ Last Name	First Name	M.I.	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Cell Phone	Work Phone	

## Employer/Organization Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer/Organization Name	Phone	Extension (payroll dept.)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (where payroll department is located)	City	State Zip

## Deposit Funds to Provident

<input type="text"/>	<input type="text"/>	\$
Account Number	Account Description	Amount
<input type="text"/>	<input type="text"/>	\$
Account Number	Account Description	Amount
<input type="text"/>	<input type="text"/>	\$
Account Number	Account Description	Amount
<input type="text"/>	<input type="text"/>	\$
Account Number	Account Description	Amount

Funds will be deposited into your account(s) the day they are received. Initial distribution may differ from above in order to fund newly opened accounts, as indicated on your account application.

It may take several pay cycles to complete the process. Your employer/organization may require additional forms.

**Attention payroll or originating institution:** Please use routing number **321171731** and the account number with no spaces or dashes.

## Note

Some employers and organizations may require you to use their own forms instead of this one.

If you are receiving a periodic **federal check** (such as monthly Social Security benefits), you can apply online for direct deposit through Go Direct, a U.S. Government Web site.

## ◀ Help

Indicate the accounts into which you want your funds distributed **each pay period** (e.g. Checking, Savings, Accumulator).

Enter the amount(s) you want deducted from your check

For full check deposit, enter the word "Net" onto the "Amount" line. Or, for multiple accounts, the account which should receive the balance of your proceeds (e.g. "Net" to Checking, "\$100" to Savings).

## Signature

**To Employer/Organization:** You are hereby authorized to forward the above amount to Provident Credit Union, for deposit to my account(s) as indicated above. This authorization shall stay in effect until I request a change in writing.

\* Faxed documents/signatures are considered as legally binding as original documents/signatures and shall be sufficient unless originals are required by a third party.

X

Primary Owner Signature

Date