



Personal Information

Member Name:

Social Security Number: Employee Number: (If Applicable)

Street Address:

Line 2:

City: State: Zip:

Home Phone Number: Work Phone Number:

Deposit Information

Effective: Immediately

Beginning on:

Amount: Entire Net Pay

% Of Net Pay:

Effective Date & Amount is subject to your Employer/Payor agreement and policies. Specific dollar amount: \$.00

Financial Institution & Account Information

My Financial Institution is: **Premier Members Credit Union**

Account Type:

Financial Institution Routing Number: **307074535**

Account Number:

Write "VOID" in large letters in ink across the front of the check and attach here.

Note: Savings account holders are not required to attach a voided check.

Authorization

To Employer/Payor Name:

I authorize the above Employer/Payor 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 Premier Members Credit Union, on a recurring basis until I notify you in writing that I revoke the authorization.

X

Date: