

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.

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.

Personal Information

▲ Last Name	First Name	M.I.	Social Security Number
Address		City	State Zip
Home Phone	Cell Phone	Work Phone	

Employer/Organization Information

Employer/Organization Name	Phone	Extension (payroll dept.)
Address (where payroll department is located)		City State Zip

Deposit Funds to Provident

Account Number	Account Description	\$ Amount
Account Number	Account Description	\$ Amount
Account Number	Account Description	\$ Amount
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.

◀ 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
------------------------------	------