

Complete this form and submit to your employer or payroll service provider. Check with your employer for any additional items that may be needed for direct deposit authorization. Please keep a copy of your completed form for your records.

**Account Information**

Date:

Employee Name:

Employee Number / Social Security Number:

Name of Employer:

Employer Address:

**New Financial Institution**

**The Police Credit Union**  
P.O. Box 1087  
San Bruno, CA 94066

**New Financial Institution Routing Number**

**321076496**

Effective / Start Date of Direct Deposit Request:

**ENTIRE NET PAY** Account Number:

**OR**

**CHECKING\*** Account Number: Amount: \$ per pay period

**SAVINGS** Account Number: Amount: \$ per pay period

**OTHER** Account Number: Amount: \$ per pay period

I hereby authorize my employer listed above, either directly or through its payroll service provider, to deposit money owed to me as indicated on this form to The Police Credit Union for each payroll period beginning on the effective/start date indicated above and until further written notice from me. I request and authorize that my employer cancel any previous direct deposit authorization.

Signature:

Date:

\*A copy of a voided check may be required by your payroll department.