

**Direct Deposit Authorization Form**

For Pioneer Appalachia FCU member use only:

Complete this form and submit it to your employer to start using Direct Deposit, or change an existing Direct Deposit arrangement.

Please make sure that all of your personal information is correct, and keep a copy for your records.

**PERSONAL INFORMATION**

Member Name:

Social Security Number:

Employee Number:

Street Address:

Line 2:

City:

State:

Zip:

Home Phone Number:

Work Phone Number:

**ACCOUNT INFORMATION**

Pioneer Appalachia Federal Credit Union

Account Type:

Routing Number: **251983730**

Account Number:

**DEPOSIT INFORMATION**

Effective

Immediately

Amount

Entire Net Pay

Beginning On

% of Net Pay

Specific Dollar Amount

**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 Pioneer Appalachia FCU, on a recurring basis until I notify you in writing that I revoke this authorization.

**X**

**Date**