

Government Direct Deposit Authorization Form

For Pioneer Appalachia FCU member use only:

Complete this form and submit it to the specific Government agency 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.

PAYEE INFORMATION

Member Name:

Social Security Number:

Claim Number:

Street Address:

Line 2:

City:

State:

Zip:

Home Phone Number:

ACCOUNT INFORMATION

Pioneer Appalachia Federal Credit Union

Account Type:

Routing Number: **251983730**

Account Number:

TYPE OF PAYMENT

Social Security

Civil Service Retirement (OPM)

Military (Active)

Supplement Security Income

VA Compensation or Pension

Military (Retired)

Railroad Retirement

Other (specify)

Military (Survivor)

Payment received for (name):

Social Security Number:

AUTHORIZATION

I certify that I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to Pioneer Appalachia Federal Credit Union to be deposited to the designated account.

X

Date