

# Direct Deposit Authorization Form

Please accept this form as formal authorization to : \_\_\_\_\_

Employer Name

payroll department to deposit my paycheck (net or fixed amount) into the designated accounts as listed below.

Employee Name (Please Print)

Employee Number (Social Security Number)

I authorize my employer and Power Financial Credit Union, my financial institution, to deposit the amount I designate below, and to make any adjustments for any deposits made in error.

<b>Power Financial Credit Union</b>	<b>Pembroke Pines</b>	<b>Florida</b>	<b>800-548-5465</b>
Financial Institution Name	City	State	Telephone No.

266080204

Financial Institution Identification  
Routing and Transit Number

NEW - First time set-up or present employees adding a “new” or changing financial institutions.

Legend - Savings: Primary Member Number, Checking: MICR Number

	Fixed Amount
Savings Account No. _____	\$ _____
Checking Account No. _____	\$ _____

RECOMMEND DIRECT DEPOSIT EQUAL TOTAL NET PAY

Employee Signature

Employee Telephone Number

(Notice: SUBMIT COMPLETED FORM TO EMPLOYER PAYROLL DEPT.  
Not all employers will accept this form to establish Direct Deposit)