



DIRECT DEPOSIT REQUEST FORM

Employee Name: _____ Employee #: _____

New Request Change Stop

To ensure that your direct deposit is established correctly, please be aware that:

- Requests will take effect the next applicable pay date, therefore, ensure the data you provide is accurate.
- A voided check or bank verification is crucial for account verification – a deposit slip is not valid.
- Deposits to an invalid or closed account will result in a delay of payment. A replacement check would not be available until the Thursday following the original pay date.
- Verify the deposit with your financial institution before accessing funds.
- Requests must be received by the payroll department by the Friday prior to the pay date.

I authorize payment to be sent to the financial institution(s)/designated accounts named below:

PRIMARY Account Information:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name:	_____	
Routing #:	_____	Acct #: _____

*Partial deposits to secondary accounts may be requested if they are to different financial institutions.
Transactions to different accounts at the same institution should be arranged with that institution.*

2nd Account Information:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name:	_____	
Routing #:	_____	Acct #: _____
Amount to be deposited: \$	_____	

3rd Account Information:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name:	_____	
Routing #:	_____	Acct #: _____
Amount to be deposited: \$	_____	

Employee Signature: _____ Date: _____

Payroll Use Only:
Entered By: _____ Date Processed: _____ Business Unit: _____

Please complete the form, print it, sign it, and fax it to: 419.479.4047

PLEASE NOTE: Full Direct Deposit coming to PFCU would require Primary Account Information;
partial Direct Deposit would require 2nd Account Information.