



Authorization Agreement for Direct Deposit

Please review and complete the following information.
Return this form to your employer's human resources office.

Direct Deposit Authorization:

Name:			Social Security Number:		
Address:					
City:			State:		
Zip:					
Company Name:			Company Address:		
Company City:			State:		
Zip:					

Deposit instructions:

Deposit entire amount to Checking Account Number: _____ Share #: _____

Deposit \$ _____ to Savings Account Number: _____ Share #: _____

and the remainder to Checking Account Number: _____ Share #: _____

Park Community Federal Credit Union
 6101 Fern Valley Road
 Louisville, KY 40228
 Transit/ABA# 283079476

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my Park Community checking or savings account.
- Park Community to credit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Signature: _____ Date: _____