

**AUTHORIZATION FOR DIRECT DEPOSIT
NON-STATE USE ONLY**

PART I. EMPLOYEE *(Once completed, please forward to employer -- do not send to PSECU.)*

Name of Employee / Member		Social Security Number	
Name of employer		Address and phone number of payroll office	
<p>I hereby authorize my employer to: (Check all that apply)</p> <p> <input type="checkbox"/> Start deposit <input type="checkbox"/> Change financial institution <input type="checkbox"/> Change account number <input type="checkbox"/> Change amount of deposit <input type="checkbox"/> Stop deposit </p> <p>Payroll frequency: (Check one)</p> <p> <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Monthly </p> <p>Unless otherwise indicated above, I hereby authorize and request my employer to direct my pay for crediting to the account indicated at the Pennsylvania State Employees Credit Union. I further authorize PSECU to credit the same to such account without responsibility for correctness of such amount.</p> <p>This authorization will remain in effect until I initiate the required stop action in such time and in such manner as to allow my employer a reasonable opportunity to act upon it. Furthermore, I understand that termination of employment with my employer shall constitute sufficient authorization to terminate this agreement.</p>		<p>Date of last payday _____</p> <p>NET amount of pay</p> <p align="center">or</p> <p>PARTIAL amount of pay <input style="width: 50px;" type="text" value="\$"/></p> <p>Account Information:</p> <p>PSECU Account Number: _____</p> <p>Share of Deposit: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>I agree to notify my employer if I wish to change the designated financial institution or account to which my pay is to be deposited 30 days prior to the effective date of such change. I understand that failure to do so may delay the receipt of my pay.</p> <p>I understand that if I wish to have these funds re-distributed throughout my account, I will need to contact PSECU once the deposit begins.</p>	
_____ Signature		_____ Date	
		_____ Daytime phone number	

PART II. EMPLOYER *(Once completed, please keep for your records -- do not return to PSECU.)*

Routing Number 2313-8111		Check digit 6		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		PENNSYLVANIA STATE EMPLOYEES CREDIT UNION P.O. BOX 67013 HARRISBURG, PA 17106-7013 (800) 237-7328 NATIONWIDE (717) 234-8484 IN HARRISBURG		
Date Received	Date Processed			Effective Date