Date:_____

PSECU:

I, _____ (*non-member payee*), authorize PSECU to deposit the check in the amount of $_____, issued by _____ (*maker*), into _____ (*member's name*)'s account _____ (*account number*).

Non-Member Payee - I understand and acknowledge the following:

- I am not a joint owner or authorized signer on the PSECU account into which the check is being deposited.
- I do not have access to or control over the funds deposited.

Signature of Non-Member Payee: _____
Date: _____

Non-Member Payee: You must also provide a copy of your unexpired driver's license or government-issued photo ID.

PSECU Member - I understand and acknowledge the following:

- By agreeing to deposit this check into my account, I accept full responsibility and liability for the check, including but not limited to:
  - Any checks that are returned unpaid due to non-sufficient funds (NSF), fraud, or any other reason.
  - Any fees, penalties, or losses incurred by PSECU as a result of the returned check.
- I understand that PSECU is not responsible for verifying the legitimacy of the check or the authorization of the deposit beyond this letter.
- This authorization is provided voluntarily and with a full understanding of the risks and responsibilities involved.

Signature of Member: _____
Date: _____