

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.

Power Financial Credit Union **Pembroke Pines** **Florida** **800-548-5465**
Financial Institution Name City State Telephone No.

2 6 6 0 8 0 2 0 4

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

Savings Account No. _____ \$ _____ Fixed Amount
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)*



2020 NW 150th Avenue
Pembroke Pines, FL 33028
Phone 954-538-4400, 305-258-1000 or 800-548-5465