



DIRECT DEPOSIT AUTHORIZATION

Please complete each field on this form. Submit this form with a voided check or deposit slip to your employer.

COMPANY INFORMATION

Company Name: _____

Address: _____

City: State: Zip: Phone: _____

EMPLOYEE INFORMATION

Name: _____ Employee ID # _____ : SSN: _____

Address: _____

City: State: Zip: Phone: _____

FINANCIAL INSTITUTION INFORMATION

POWER CO-OP EMPLOYEES CREDIT UNION
1208 N 13TH ST
HUMBOLDT, IA 50548
515-332-4096

ABA/Routing and Transit Number 273975069

DEPOSIT ACCOUNT INFORMATION

Account Type: Checking Savings Other

Account # _____ \$\$\$ Amount or % _____

Account Type: Checking Savings Other

Account # _____ \$\$\$ Amount or % _____

I authorize the above named employer to make deposits to my accounts at Power Co-op Employees Credit Union, as identified above, and authorize the credit union to accept such deposits. It is agreed that these deposits and adjustments may be made electronically and under the rules of NACHA. I understand that this authorization replaces any previous authorization and will remain in full force until the company named above has received written notification from me of its termination in time to afford the company & depository reasonable time to respond

Employee Signature: _____ Date: _____

Attach a voided check or deposit slip from your PCECU account