



Direct Deposit Form

Please complete this form and forward it to your payroll department for processing.

Direct Deposit Request

This Direct Deposit Request is: New Change Cancel

I authorize you and Postal Credit Union (PCU) to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to the following account(s) each pay period. This authority will remain in effect until I have cancelled it in writing.

Checking Account # _____ In the amount of \$ _____ .

Savings Account # _____ In the amount of \$ _____ .

Financial Institution: **PCU**

Employer Name: _____

Address: **2401 N. McKnight Road**

Address: _____

City, State, Zip: **North St. Paul, MN 55109**

City, State, Zip: _____

Your Full Name: _____

Social Security #: _____

Signature _____ Date _____

PCU's Transit Routing Number is 296076262.

Please staple voided check here.