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## Direct Deposit Authorization

Please **complete and print the form and submit to your employer**. If your employer does not accept the form, please request one from your payroll department.

Member Name

Member Number

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Address

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City

State

Zip

Phone

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Company Name

I authorize the above listed entity to electronically deposit funds each payday to my Peake Federal Credit Union account listed below.

Deposit Entire Amount:

Checking

Savings

Deposit Partial Amount:

Checking

Savings

Deposit Amount: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact your employer or income source to make sure no other special forms are required.