
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

Address

City

State

Zip

Phone

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.