



P.O. Box 8007  
Redwood City, CA 94063-0907

**PAYROLL AUTHORIZATION FORM**

Payroll/Group No.
Teller No.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Member No. \_\_\_\_\_

**EMPLOYER INFORMATION:**

Employer Name \_\_\_\_\_ Please Do Not Abbreviate  
Address \_\_\_\_\_ Street/Post Office Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Telephone No. \_\_\_\_\_

**This Authorization is to:**

- Start EXPRESS/Deposit of my full payroll/benefits check.  
(When you sign up for EXPRESS/Deposit of you entire net pay or benefits check, you may qualify for one of Provident's cost-saving service packages. Call for information.)
- Start payroll deduction of a portion of my pay or benefits check, to be distributed into my Provident accounts as stipulated:
- Change
- Cancel

Frequency of checks:  Weekly  Bi-Monthly  Monthly  
Deposit each pay period \$ \_\_\_\_\_

ROUTING/ABA NUMBER - 32117173-1

**Distribution of Deposit:** (RTG #321171731) Funds from pay or benefit check will be deposited into your checking and/or Savings/Plus account the day they are received. Please indicate how you would like your deposits to be distributed:

# _____	Checking Account	\$ _____	Amount per Pay Period
# _____	Savings/Plus Account	\$ _____	Amount per Pay Period

In addition, you have the option to have portions of the above deposits transferred to other accounts on the day(s) of the month that you specify.\*

Account	Receiving Transfer	Amount	Day(s) of Mo. (Day 1-31)	From which Acct. Checking Savings	Start M/D/Y
# _____	500/Plus CD	\$ _____	_____	<input type="checkbox"/>	_____
# _____	Money Market	\$ _____	_____	<input type="checkbox"/>	_____
# _____	IRA	\$ _____	_____	<input type="checkbox"/>	_____
# _____	Loan	\$ _____	_____	<input type="checkbox"/>	_____
# _____	Loan	\$ _____	_____	<input type="checkbox"/>	_____
# _____	Other Account	\$ _____	_____	<input type="checkbox"/>	_____

\* Account transfers not available for payments to VISA or Home Equity accounts.

To my employer: You are hereby authorized to deduct the amount indicated hereon from my salary and forward such amount to Provident Central Credit Union for deposit to my account(s). This authorization shall remain in effect until a request for change or cancellation in writing is submitted to you.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_