Direct Deposit Enrollment Authorization

Employee SSN	Place of Employment
Account Information	
Action Type New_____ Change_____ Terminate_____	Financial Institution Name: **Pelican State Credit Union**
Account Number:	**Name on Account**: ex. John Doe
Acct Type (check one) Checking_____ Savings_____	Financial Institution Routing (ABA) Number: **265473485**
Amount (check one) ☐ Entire Net Payroll ☐ Fixed Dollar Amount_____	
Pelican State Credit Union **11585 Lake Sherwood Ave. N** **Baton Rouge, LA 70816** **1-800-351-4877 Fax 1-225-408-6200**	**Pelican State Credit Union Rep Signature:**
Krystal O'Neal Payroll Ext: 134	**Print:**

I, _____, authorize and request the following company

_____ to direct deposit funds to the account listed above at

Pelican State Credit Union.

For any funds paid to me which are not due and owing to me, I hereby agree and authorize my appointing authority (company/employer) to adjust the amount next due to me to the correct the overpayment, or to recover amount overpaid by reducing my future payroll checks so that the overpayment will be repaid or recouped within a reasonable number of months [not to exceed 12 months].

It is my responsibility to notify my Payroll Office, as appropriate, should any changes occur to account specified. Considering all above conditions are met, this authorization remains in full effect until a written, signed notification to terminate, or another signed form indicating termination of this option is received from me and the listed (company/employer) has had reasonable opportunity to act on the termination.

_____ _____ _____

Signature **Date** **Daytime Phone**

Submitted By:	Phone:
Comments	