



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 _____ Address _____

Please Do Not Abbreviate

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:

_____ \$ _____ Amount per Pay Period

Checking Account _____ \$ _____

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 _____