# Pennstar FCU Direct Deposit Form

Please complete the direct deposit form and forward it to your payroll department for faster processing.

Authorization Code: ☐ New ☐ Change ☐ Cancel

I authorize you and Pennstar FCU to initiate electronic credit entries,
and if necessary, debit entries and adjustments for any credit entries in error to my:

☐ Checking Account # _____ $ _____.__

☐ Savings Account # _____ $ _____.__

each pay period. This authority will remain in effect until I have cancelled it in writing.

| Financial Institution Information | Account Holder Information |
|---|---|
| Financial Institution: Pennstar FCU | Name (Please print): |
| Address: 5267 Program Avenue | SS#: |
| City, State, Zip: Mounds View, MN 55112 | Signature: |
| Employer Name: | Date: |
| Address: | |
| City, State, Zip: | |

⑆123456789⑆
TRANSIT ROUTING NUMBER (ABA)

**STAPLE VOIDED CHECK HERE.**

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