



## Direct Deposit Authorization Form

To: \_\_\_\_\_  
(Company Name/Employer)

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I authorize you to electronically deposit my net pay each pay period to my Parkview Community FCU account listed below:

Select one: \_\_\_\_\_ Savings \_\_\_\_\_ Checking

Account Number: \_\_\_\_\_ Routing Number: **243382394**

Financial Institution: **Parkview Community FCU  
2100 Eden Park Blvd.  
McKeesport, PA 15132**

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

### Financial Institution Verification

I certify that the above routing/transit number and account number are valid.

Printed Name: \_\_\_\_\_ Phone: 412-678-9564 Ext.: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_