

Port Arthur Community Federal Credit Union 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 Port Arthur Community Federal Credit Union 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: Port Arthur Community Federal Credit Union	Name (Please print):
Address: 3100 Central Mall Drive	SS#:
City, State, Zip: Port Arthur, TX 77642	Signature:
Employer Name:	Date:
Address:	
City, State, Zip:	

⑆ 313187474 ⑆
TRANSIT ROUTING NUMBER (ABA)

STAPLE VOIDED CHECK HERE.