

Parkside Credit Union Direct Deposit Form

Please complete the following information and forward it to your employer's payroll department for processing. For questions contact Parkside Credit Union at 734.525.0700.

Authorization Code: New Change Cancel

I hereby authorize you (employer) and Parkside Credit Union to initiate electronic credit entries and, if necessary, debit entries and adjustments to my Parkside Credit Union Account. This authority will remain in effect until I have cancelled it in writing.

Checking Account # _____

Savings Account # _____

Financial Institution Information	Accountholder Information
Financial Institution: Parkside Credit Union	Name (please print):
Address: 1747 S. Newburgh Rd.	SSN:
City, State, Zip: Westland, MI 48186	Signature
Routing Number: 272482456	Date:
Employer Information	
Employer Name:	
Employer Address:	
Employer City, State, Zip:	

Staple Voided Check Here

(if required by employer)