

Employee #:

**Account Information:**

Financial Institution: **Providence Federal Credit Union**  
Routing Number: **323075945**

**Savings** Account Number: \_\_\_\_\_

SELECT ONE:  Fixed Amount: \$ \_\_\_\_\_  
 Remainder

**Checking** Account Number: \_\_\_\_\_

SELECT ONE:  Fixed Amount: \$ \_\_\_\_\_  
 Remainder

**Please Read and Sign:**

I hereby authorize Providence Health System (PHS) and Providence Federal Credit Union (PFCU) to make deposits to my account(s) as indicated. The effective date for the direct deposit will be approximately one month from the receipt of this authorization. If funds to which I am not entitled are deposited to my account(s), I authorize PHS to direct PFCU to return such funds and notify me. This authority remains in effect until PHS receives new instructions from me either changing or canceling this authorization.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Note:** You can update or change your direct deposit information via ProvConnect/Employee Self Service at any time.