Pelican CREDIT UNION
P.O. Box 40088
Baton Rouge, LA 70835
1-800-351-4877
Fax: 225-408-6200
pelicancu.com

DIRECT DEPOSIT REQUEST FORM

MEMBER INFORMATION		
Member Name:		
Address:		
City:	State:	Zip:

INSTRUCTIONS
Provide this form to your employer/company to request automatic deposits (ACH credits) 1) Ensure entire form is complete; 2) Ensure appropriate employer/company address is used if mailing completed form; 3) If employer/company requires their own form, use the account type, account number, and ABA routing number listed below.

EMPLOYER / COMPANY INFORMATION		
Employer/Company Name:		
Address:		
City:	State:	Zip:

ACCOUNT INFORMATION
Funds can be deposited into one checking and/or savings account or split between multiple checking/savings accounts as a percentage or fixed dollar amount.

1	Account Type: ☐ Checking ☐ Savings	
	Account Number:	
	Financial Institution: Pelican Credit Union	ABA Routing Number: 265473485
	Deposit Amount: Percentage: %_____	Fixed Amount: $_____

2	Account Type: ☐ Checking ☐ Savings	
	Account Number:	
	Financial Institution: Pelican Credit Union	ABA Routing Number: 265473485
	Deposit Amount: Percentage: %_____	Fixed Amount: $_____

3	Account Type: ☐ Checking ☐ Savings	
	Account Number:	
	Financial Institution: Pelican Credit Union	ABA Routing Number: 265473485
	Deposit Amount: Percentage: %_____	Fixed Amount: $_____

AUTHORIZATION	
I authorize the aforementioned employer/company to initiate credit entries to my Pelican Credit Union checking and/or savings account(s) for the aforementioned amount(s). This authorization will remain in effect until I give written notice to cancel it.	
SIGNATURE	
MEMBER SIGNATURE	DATE