



Main Branch:  
7505 NE Ambassador Place Suite A  
Portland, OR 97220  
[www.kaipermnw.org](http://www.kaipermnw.org)

Tel: 971-266-4900 Toll Free: 888-705-0109 Fax: 971-420-2138

## Direct Deposit Authorization Form

I hereby authorize my below-named employer to deposit my net paycheck or other periodic payment to my KPCU checking account. This request is to remain in effect until changed in writing by me. I agree that any funds erroneously deposited into my account in excess of the authorized amount or my then current salary may be withdrawn without liability or prior notice.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

Social Security #: \_\_\_\_\_

KPCU Account #: \_\_\_\_\_

KPCU routing number: **323075356**

Your Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

Employer's Phone # (*payroll/accounting*): \_\_\_\_\_