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## Direct Deposit Authorization Agreement

**Note:** Dear member, complete this form and present it to Northwest Permanente, P.C.'s payroll office.

My name is: \_\_\_\_\_

- I am employed by Northwest Permanente, P.C.
- I am a member of KPCU.

I authorize Northwest Permanente, P.C., to deposit:

- The net amount remaining after any other direct deposits each pay period.
- The amount of \$\_\_\_\_\_ from my paycheck each pay period

to my:

- KPCU Checking account (*attach a voided check from this account*)
- KPCU Savings account (*attach a savings deposit slip from this account*)

If funds to which I am not entitled are deposited to this account, I authorize Northwest Permanente, P.C., to direct KPCU to return such funds. This direct deposit authorization will remain in effect until Northwest Permanente, P.C., received written notification from me to terminate this request or upon rejection of a deposit by KPCU due to the account being closed.

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

Telephone: \_\_\_\_\_