



PCOM GA-PCOM

New
 Change*

Authorization Agreement for Automatic Deposits

NAME	SOCIAL SECURITY NUMBER	PHONE NUMBER
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	BANK NAME BRANCH	ACCOUNT NUMBER	ROUTING NUMBER																					
(1) PRIMARY <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					**FIXED/AMOUNT
(2) Secondary <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
(3) Secondary <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
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** Only pertaining to individuals who choose more than one account, fixed amount, will be deposited into secondary account, primary account will receive the remainder of the deposit.

Employee Information

I hereby authorize PCOM to initiate automatic deposits to the accounts listed above and make an adjustment (debit or credit) if an error has occurred.

This authority is to remain in full force and effect until PCOM has received written notification of termination in a timely manner to afford PCOM and the bank a reasonable opportunity to process it.

Employee Signature

Date

Payroll Department 215-871-6924

In addition to the completed Authorization Agreement for Automatic Deposits Form,

you are REQUIRED to bring in a voided check or other bank statement/document that shows:

- **your name**
- **your bank account number**
- **your bank routing number**