

Direct Deposit Enrollment

New Request

Change Request

Use this form to notify your employer (or any other non-governmental organization that regularly sends a payment to you) that you want the proceeds deposited directly onto the PNC Bank Card specified below.

Entrega este formulario a tu empleador o cualquier otra organización no gubernamental, la cual te envía pagos con regularidad, para que recibas el dinero directamente en tu(s) cuenta(s) de PNC Bank indicada(s) debajo.

Name	Social Security Number (if required by employer)
Address	
City, State, ZIP Code	

I hereby authorize _____ (your company or payor's name) known as "originator" to initiate credit entries to my SmartAccess Card issued by PNC Bank. Originator is also authorized to initiate debit entries to reverse or adjust any credits or overpayments erroneously made to my SmartAccess Card.

Primary Card

Depository Name (Bank) PNC Bank	Card Type PNC SmartAccess SM Prepaid Visa [®] Card
Routing Number 031902766	Direct Deposit No. _____ Amount to Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____ (fixed amount)

This authority is to remain in full force and effect until ORIGINATOR has received written notification from me of its termination in such time and in such manner as to afford ORIGINATOR and DEPOSITORY a reasonable opportunity to act on it.

Date	Signature
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