



**PACIFIC MARITIME ASSOCIATION
DIRECT DEPOSIT ENROLLMENT
AND AUTHORIZATION FORM**

(SEE REVERSE FOR INSTRUCTIONS)

Fax: (775) 824-3776

Email: prsmail@pmanet.org

SECTION 1

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL):	REGISTRATION/PAYROLL NUMBER:

SECTION 2

You may enroll in up to five accounts. Any remaining amount will be issued in a check if remaining net amount is not designated.

1. NEW CHANGE AMOUNT CANCEL EXISTING DIRECT DEPOSIT

Bank Name: _____ Bank Phone Number: (_____) _____

Routing/Transit Number: _____ Account Number: _____

Checking Savings Amount of Deposit: \$ _____ or Entire Net Amount

2. NEW CHANGE AMOUNT CANCEL EXISTING DIRECT DEPOSIT

Bank Name: _____ Bank Phone Number: (_____) _____

Routing/Transit Number: _____ Account Number: _____

Checking Savings Amount of Deposit: \$ _____ or Remaining Net Amount

3. NEW CHANGE AMOUNT CANCEL EXISTING DIRECT DEPOSIT

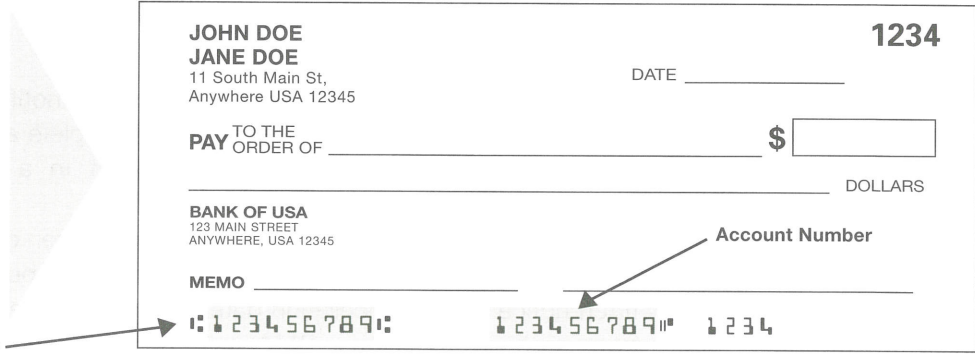
Bank Name: _____ Bank Phone Number: (_____) _____

Routing/Transit Number: _____ Account Number: _____

Checking Savings Amount of Deposit: \$ _____ or Remaining Net Amount

SECTION 3 *PLEASE ATTACH A VOIDED PERSONAL CHECK FOR VERIFICATION*

Here is a sample check detailing where the information necessary to complete this form can be found:



SECTION 4

I hereby authorize all funds (including Vacation, Holiday, PGP) paid to me by Pacific Maritime Association to be deposited directly to the accounts identified above. In the event that any funds are erroneously deposited to any specified account, Pacific Maritime Association has the right to recover all erroneously deposited funds.

The agreement represented by this authorization remains in effect until canceled by the payee by written notice to PMA or by the death or legal incapacity of the payee.

Participant's Signature _____ **Date** _____

