



**PACIFIC MARITIME ASSOCIATION  
DIRECT DEPOSIT ENROLLMENT  
AND AUTHORIZATION FORM**  
(SEE REVERSE FOR INSTRUCTIONS)

<b>SECTION 1</b>	
EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL):  <b>CHECK CASHING</b>	REGISTRATION/PAYROLL NUMBER:

<b>SECTION 2</b>	
You may enroll in up to three accounts. Deductions will be made in priority 1, 2, 3 respectively. Any remaining amount will be issued in a check if remaining net amount is not designated.	
<b>1.</b> <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE AMOUNT <input type="checkbox"/> CANCEL EXISTING DIRECT DEPOSIT Bank Name: _____ Bank Phone Number: ( _____ ) _____ Routing/Transit Number: _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings    Amount of Deposit: \$ _____ or <input type="checkbox"/> Entire Net Amount	
<b>2.</b> <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE AMOUNT <input type="checkbox"/> CANCEL EXISTING DIRECT DEPOSIT Bank Name: _____ Bank Phone Number: ( _____ ) _____ Routing/Transit Number: _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings    Amount of Deposit: \$ _____ or <input type="checkbox"/> Remaining Net Amount	
<b>3.</b> <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE AMOUNT <input type="checkbox"/> CANCEL EXISTING DIRECT DEPOSIT Bank Name: _____ Bank Phone Number: ( _____ ) _____ Routing/Transit Number: _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings    Amount of Deposit: \$ _____ or <input type="checkbox"/> Remaining Net Amount	

<b>SECTION 3</b> 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:	

<b>SECTION 4</b>	
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.	
<b>Participant's Signature</b> _____	<b>Date</b> <u>02/22/2019</u>