



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:

Routing Number

JOHN DOE
JANE DOE
11 South Main St,
Anywhere USA 12345

1234

DATE _____

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

BANK OF USA
123 MAIN STREET
ANYWHERE, USA 12345

Account Number

MEMO _____

1 2 3 4 5 6 7 8 9 0

1 2 3 4 5 6 7 8 9 0 1 2 3 4

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 _____