

Payroll Deduction Form (Parsons Employees only)



Please click here to read our Electronic Services Disclosure and Agreement. Please retain a copy for your records.

Parsons Federal Credit Union would like members to send us your application(s), containing your confidential information and signature, by mail or fax. Using Internet Explorer (7.0 or higher) or Firefox 3 or higher, please complete the form below, print and mail to PFCU, P.O. Bi 90667, Pasadena, CA 91109 or fax it to us at 626-440-9405. Please be sure to sign were indicated.

Start Change Account Number:

Name: Social Security Number:

Home Telephone Number: Work Telephone Number:

Employer: Location: Employee Number:

Pay Frequency (check one): Weekly Bi-Weekly Monthly Bi-Monthly

Send my Net Paycheck each Pay Period to PFCU
Send a total of each Pay Period to PFCU

DISTRIBUTION FORM:

Account Type	ACCOUNT NO.	\$ AMOUNT
Savings	<input type="text"/>	<input type="text"/>
Checking	<input type="text"/>	<input type="text"/>
IRA	<input type="text"/>	<input type="text"/>
U.S. Savings Bonds*	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
TOTAL PFCU		<input type="text"/>

*Please complete the Authorization for Purchase of Series EE or Series I Savings Bonds found on our Savings Bond page.

Loan Type	LOAN NO.	\$ AMOUNT
Signature	<input type="text"/>	<input type="text"/>
Auto	<input type="text"/>	<input type="text"/>
1st T.D.	<input type="text"/>	<input type="text"/>
Visa	<input type="text"/>	<input type="text"/>
LOC	<input type="text"/>	<input type="text"/>

By signing below, you acknowledge that you have received a copy of the Electronic Services Disclosure and Agreement and agree to the terms governing the services requested.

Signature _____ Date _____