VIRGINIA CREDIT UNION
Social Security Direct Deposit — QuickStart Application

Please attach a copy of the payment check.

Name of Payee _____

Street Address _____

City_____ State_____ Zip_____

Home Phone ( ) _____ Work Phone ( ) _____

Name of Person(s) Entitled to Payment

_____

Social Security Number _____

Type of Depositor Account ❒ Checking ❒ Savings

Depositor Account Number (10 digits) | | | | | | | | | | |

Type of Payment ❒ Social Security ❒ Other _____

Signature of Payee X _____

Date _____

Please complete this application and return it to Virginia Credit Union to have your Social Security checks deposited directly into your account.

If you have any questions about how to complete this application, please call Member Services at (804) 323-6800 or (800) 285-6609 for assistance.

Please return to:

Virginia Credit Union
P.O. Box 90010
Richmond, VA 23225-9010