

VIRGINIA CREDIT UNION
Direct Deposit Enrollment
Authorization Agreement for Direct Deposit (ACH credit)

Complete this form and return it to your payroll office. Ask them for the approximate time your direct deposit will start. **Your payroll office may require additional paperwork.**

Employer Name _____

I hereby authorize my employer, named above, to initiate credit entries to Virginia Credit Union, Inc. and to initiate debit entry adjustments for any credit entries made in error to my account. This authorization is to remain in full force and effect until Employer has received written notification from me of its termination in such time and in such manner as to afford Employer and Virginia Credit Union, Inc. a reasonable amount of time to act on it.

Account Type Checking Savings

Account Number

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For checking: Please use a 10-digit account number.
If you have a 12-digit account number at the bottom center of your personal checks, remove the first two zeros.

For savings: Call Member Services for the correct format.

Name _____

Employer ID Number _____
If required by your payroll office.

Signature _____ Date _____

Please return this form to your payroll office, or contact the credit union first if you have any questions.

Virginia Credit Union
P.O. Box 90010
Richmond, VA 23225-9010
(804) 323-6800 or (800) 285-6609

Please complete this form and return to your payroll office to sign up for direct deposit.

If you have any questions about how to complete this form, please call Member Services at (804) 323-6800 or (800) 285-6609, or use the secure "Contact Us" form on our web site at www.vacu.org.