Payroll De	eduction Autl	norization		P.O. Box	Credit Union x 90010 nd, Virginia 23225-	9010	
Check One $\ \square$ New Deduction $\ \square$ Change $\ \square$ Cancellation $\ \square$ Red			Redistribution	Account	Account #(Funds distributed		
				Date	(Funds d	listributed from)	
(Agency or I	ocal government wher	e you are employed)					
I hereby authorize	my employer to deduct	\$(To	from m	y salary each pa	ay day beginning _		
to be remitted to V terminate it in writi	irginia Federal Credit U ng.	nion for credit to my a	ccount(s) as specified	below. This au	ithorization will cor	itinue until I	
paycheck, the Cre The notice from the	and agree that in the ev dit Union is authorized t e employer to the Credi shall have no liability wit Account Number	o debit my account in t Union must be made	an amount equal to the in writing and within soft any such funds.	ne deduction and seven (7) days o	d return the same to the pay day in or	to my employer. der to be effective.	
Regular Savings	, 1000ani 11amiboi	\$	Specify in the left column how funds are to be distributed. List ALI amounts, not just the changes, that you want to be deposited				
Checking		Ψ	as a result of this authorization.				
IRA		Ψ	Signature				
Auto Loan		¢	Print Name				
		φ	Address				
		\$				_ Zip	
		Φ	SSN		Bus. Phone ()	
		\$		Г			
	Total Amount*	\$			Copy for Emplo	oyer/Payroll Office	

Payroll De	eduction Aut	horization		Virginia Credit P.O. Box 9001 Richmond, Vir	0	9010	
Check One ☐ New Deduction ☐ Change ☐ Cancellation			Redistribution	Account #	intributed from		
				Date	(Fullus u	istributed from)	
(Agency or I	ocal government wher	re you are employed)					
I hereby authorize	my employer to deduct	\$(To	from my	salary each pay day	beginning _		
to be remitted to V terminate it in writi	′irginia Federal Credit U ng.	nion for credit to my ac	ccount(s) as specified b	pelow. This authoriza	ation will con	tinue until I	
paycheck, the Cre The notice from th	and agree that in the ev dit Union is authorized the e employer to the Credi dit Union shall have no Account Number	to debit my account in it Union must be made	an amount equal to the in writing and within se he return of any such f	e deduction and retur even (7) days of the p	n the same t pay day in or	o my employer. der to be	
Regular Savings		\$	amounts, not just the changes, that you want to be deposited as a result of this authorization.				
Checking		\$		o ddillolladiolli			
IRA		\$					
Auto Loan		\$					
		\$	Address				
_		 \$	City	St	tate		
		\$	SSN	Bus	s. Phone ()	
	Total Amount*	\$			Copy for (Credit Union	

Payroll De	eduction Aut	horization		Virginia Credit Union P.O. Box 90010 Richmond, Virginia 23225-9010			
Check One ☐ New Deduction ☐ Change ☐ Cancellation			Redistribution	Account #	listributed from)		
				Date	(i dildo c	moundated monny	
(Agency or I	ocal government wher	re you are employed)					
I hereby authorize	my employer to deduct	\$(To	from my	salary each pay day	beginning _		
to be remitted to V terminate it in writi	′irginia Federal Credit U ng.	nion for credit to my ac	ccount(s) as specified b	oelow. This authoriz	ation will con	tinue until I	
paycheck, the Cre The notice from th	and agree that in the ev dit Union is authorized the e employer to the Credi dit Union shall have no Account Number	to debit my account in to the total to the t	an amount equal to the in writing and within se he return of any such for Specify in the left	e deduction and reture even (7) days of the unds. column how funds a	rn the same to pay day in or are to be dist	to my employer. The der to be	
Regular Savings		\$	amounts, not just the changes, that you want to be deposited as a result of this authorization.				
Checking		\$					
IRA		\$					
Auto Loan		\$					
		 \$	Address				
		\$	City	S	tate	_ Zip	
		\$	SSN	Bu	s. Phone ()	
	Total Amount*	\$			Copy for	Employee	