

Direct Deposit Request

Use this form to have deposits automatically made from your employer or other payer to your Virginia Credit Union account

Employer/other payer name				
Payer address				
City		State	Zip	
I want my automatic deposits t Please use the following inforn	-	•	nia Credit l	Jnion.
Name on account				
Account number (if applicable)_				
Net pay or Deposit amour	nt: \$			
Please switch my deposits to th	nis Virginia Credit Unio	on account:		
Effective □Immediately □Beg	inning (mm/dd/yy)			
□ Checking □ Savings Acco	unt Number (10 digits):		
Routing Number: 251082615				
Virginia Credit Union				
P. O. Box 90010				
Richmond, VA 23225				
If you have any questions, plea	se contact me:			
Phone Number ()	Ema	ail address _		
Signature		Da	ate	
TIPS: • Find out if the payer requires any additio • Send this or other required form to the payer • You can find your VACU account number • Keep your old account open until all direct	ayer that makes automatic de in the bottom center of your V	posits to your acc ACU check.	count.	
(804) 323-680 (800) 285-660		O Visit	a branch	Mobile

NMLS#

Federally insured by NCUA