

# Payroll Deduction Authorization

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

Check One  New Deduction  Change  Cancellation  Redistribution

Account # \_\_\_\_\_

(Funds distributed from)

Date \_\_\_\_\_

Agency # \_\_\_\_\_

\_\_\_\_\_  
**(Agency or local government where you are employed)**

I hereby authorize my employer to deduct \$ \_\_\_\_\_ from my salary each pay day beginning \_\_\_\_\_  
**(Total Amount)\***

to be remitted to Virginia Credit Union, Inc. for credit to my account(s) as specified below. This authorization will continue until I terminate it in writing.

I also understand and agree that in the event my employer notifies the Credit Union that I am not entitled to the funds deducted from my paycheck, the Credit Union is authorized to debit my account in an amount equal to the deduction and return the same to my employer. The notice from the employer to the Credit Union must be made in writing and within seven (7) days of the pay day in order to be effective. The Credit Union shall have no liability with regard to the return of any such funds.

<b>Account Type</b>	<b>Account Number</b>	<b>Amount</b>
Regular Savings	_____	\$ _____
Checking	_____	\$ _____
IRA	_____	\$ _____
Auto Loan	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>Total Amount*</b>		\$ _____

Specify in the left column how funds are to be distributed. **List ALL amounts, not just the changes, that you want to be deposited as a result of this authorization.**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN \_\_\_\_\_ Bus. Phone ( ) \_\_\_\_\_

Copy for Employer/Payroll Office

# Payroll Deduction Authorization

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

Check One  New Deduction  Change  Cancellation  Redistribution

Account # \_\_\_\_\_

(Funds distributed from)

Date \_\_\_\_\_

Agency # \_\_\_\_\_

\_\_\_\_\_  
**(Agency or local government where you are employed)**

I hereby authorize my employer to deduct \$ \_\_\_\_\_ from my salary each pay day beginning \_\_\_\_\_  
**(Total Amount)\***

to be remitted to Virginia Credit Union, Inc. for credit to my account(s) as specified below. This authorization will continue until I terminate it in writing.

I also understand and agree that in the event my employer notifies the Credit Union that I am not entitled to the funds deducted from my paycheck, the Credit Union is authorized to debit my account in an amount equal to the deduction and return the same to my employer. The notice from the employer to the Credit Union must be made in writing and within seven (7) days of the pay day in order to be effective. The Credit Union shall have no liability with regard to the return of any such funds.

Account Type	Account Number	Amount
Regular Savings	_____	\$ _____
Checking	_____	\$ _____
IRA	_____	\$ _____
Auto Loan	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>Total Amount*</b>		\$ _____

Specify in the left column how funds are to be distributed. **List ALL amounts, not just the changes, that you want to be deposited as a result of this authorization.**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN \_\_\_\_\_ Bus. Phone ( ) \_\_\_\_\_

Copy for Credit Union

# Payroll Deduction Authorization

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

Check One  New Deduction  Change  Cancellation  Redistribution

Account # \_\_\_\_\_

(Funds distributed from)

Date \_\_\_\_\_

Agency # \_\_\_\_\_

\_\_\_\_\_  
**(Agency or local government where you are employed)**

I hereby authorize my employer to deduct \$ \_\_\_\_\_ from my salary each pay day beginning \_\_\_\_\_  
**(Total Amount)\***

to be remitted to Virginia Credit Union, Inc. for credit to my account(s) as specified below. This authorization will continue until I terminate it in writing.

I also understand and agree that in the event my employer notifies the Credit Union that I am not entitled to the funds deducted from my paycheck, the Credit Union is authorized to debit my account in an amount equal to the deduction and return the same to my employer. The notice from the employer to the Credit Union must be made in writing and within seven (7) days of the pay day in order to be effective. The Credit Union shall have no liability with regard to the return of any such funds.

Account Type	Account Number	Amount
Regular Savings	_____	\$ _____
Checking	_____	\$ _____
IRA	_____	\$ _____
Auto Loan	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>Total Amount*</b>		\$ _____

Specify in the left column how funds are to be distributed. **List ALL amounts, not just the changes, that you want to be deposited as a result of this authorization.**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN \_\_\_\_\_ Bus. Phone ( ) \_\_\_\_\_

Copy for Employee