# Social Security Direct Deposit

## Quickstart Application

Name of payee _____

Address _____

City _____ State _____ Zip _____

Home Number (_____) _____ Work Number (_____) _____

Cell Number (_____) _____ Email address _____

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Name of person(s) entitled to payment _____

Social Security Number _____

Type of depositor account ☐Checking ☐Savings

Depositor account number (10 digits)_____

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Type of payment ☐Social Security ☐Other _____

Signature of payee_____ Date _____

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

If you have any questions about how to complete this application, please call Member Services.

Virginia Credit Union
Attn: Member Services
P. O. Box 90010
Richmond, VA 23225