

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 to be moved to my account(s) at Virginia Credit Union.

Please switch my deposits to this Virginia Credit Union account(s):

Effective Immediately Beginning (mm/dd/yy) _____

Funds can be deposited into one account or split between accounts as a set percent or dollar.

Account type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on account	_____	
Account number	_____	Routing Number: 251082615
Deposit Amount	_____ % OR \$_____ (Flat Amount) OR <input type="checkbox"/> Remaining OR <input type="checkbox"/> Net	

Account type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on account	_____	
Account number	_____	Routing Number: 251082615
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If you have any questions, please contact me:

First and last name _____

Phone number _____ Email address _____

Signature _____ Date _____

Virginia Credit Union
P. O. Box 90010
Richmond, VA 23225

TIPS:

- Find out if the payer requires any additional forms, and the correct address to send any forms to.
- Send this or other required form to the payer that makes automatic deposits to your account.
- You can find your VACU account number in the bottom center of your VACU check.
- Keep your old account open until all direct deposits have been switched to your new VACU account.