

This is a fillable online form. or you can print the form and complete it by hand.

Using this form authorizes your employer, pension and retirement funds, or any other agency to deposit your payment(s) directly into Virginia Coop Credit Union (VCCU) account.

One form for each direct deposit.

Notification of Direct Deposit Authorization Change

Company or Employer:

Address:

City, State, Zip:

Phone Number (main):

Employee ID:
(if applicable)

Effective immediately, please deposit the net amount of my check to my Virginia Coop Credit Union (VCCU) account.

I authorize
(name of depositor)

to automatically deposit funds into the account below. this authorization shall remain in place until I have submitted a new authorization, or until this authorization is changed or revoked by me in writing.

Place an X next to your desired options:

Net amount to VCCU
CHECKING

Net amount to VCCU
SAVINGS

Account #

Routing #

Signature

Date

Address

City, State. Zip

Phone Number (main)