



## Payroll Direct Deposit or Allotment Authorization Form

Please complete this form and give this information to your employer to begin Direct Deposit or an Allotment to your VBFCU account

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
Employee ID Number (if applicable): \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_

### Deposit Instructions and Authorization

Effective:  Immediately  Beginning  \_\_\_/\_\_\_/\_\_\_

Net Pay or  Deposit Amount \$ \_\_\_\_\_

Account number: \_\_\_\_\_  Savings  Checking  
(do not include trailer #)

I hereby authorize Direct Deposit of my paycheck/recurring payment to my Virginia Beach Postal Federal Credit Union account. I understand my employer may require a voided check. This authorization will remain in full force and effect until I send a written notice of change or cancellation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Financial Institution Information

Virginia Beach Postal Federal Credit Union  
501-A Viking Drive  
Virginia Beach, VA 23452  
757.340.9781  
**Routing /Transit # 251483243**



Federally Insured by the NCUA