



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 VBPCU 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