

Member Direct Deposit Authorization Form

2575 Vista Del Mar Dr., #100 • Ventura, CA 93001 805.477.4000 • 800.339.0496 • vccuonline.net

Compa	any Na	me				
		County Credit Union member and ar utomatic deposits each payday to the				any,
	Checking Account					
		Total check amount				
		Partial check amount				
	Savin	gs Account				
		Total check amount				
		Partial check amount				
	VCCU	Routing Number: 32228350)5			
				Start Date		
Name				Employee #		
Addres	ss		City		State	_ Zip
Daytime Telephone Number				Social Security #		
If monies to which I am not entitled are deposited to my account, I authorize my Company/Employer to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon termination of employment with said Company.						
Signature				Date		
	er: Plea mploye	ise submit this page to your payroll adm r.	inistrato	r. Additional inforr	mation may be re	equested by

Notice: This authorization must be dated and submitted by the first day of the pay period in which deductions are to be effective. We appreciate your assistance. If you need additional information, please contact Ventura County Credit Union at:

2575 Vista Del Mar Drive, Suite 100 Ventura, CA 93001 805.477.4000 • 800.339.0496 805.339.4226—Fax vccuonline.net