



# Member Direct Deposit Authorization Form

Company Name \_\_\_\_\_

As a Ventura County Credit Union member and an employee of the above named company, I authorize automatic deposits each payday to the account(s) listed below:

Checking Account

Total check amount

Partial check amount  ,    .

Savings Account

Total check amount

Partial check amount  ,    .   1

VCCU Routing Number: **322283505**

Start Date \_\_\_\_\_

Name \_\_\_\_\_ Employee # \_\_\_\_\_

Address \_\_\_\_\_ 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 \_\_\_\_\_

**Member:** Please submit this page to your payroll administrator. Additional information may be requested by your employer.

**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:

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