

Member Direct Deposit Authorization Form

PO Box 6920, Ventura, CA, 93006-6920 805.477.4000 • 800.339.0496 • vccuonline.net

Compa	any Na	me				
				d an employee of the ne account(s) listed be		ıny, I
	Checking Account Locate your checking account number on the bottom of your checkbook, on your statements or in Online Banking.					
	□ Total check amount □ Partial check amount Savings Account Locate your savings account number on your statements or in Online Banking					
	□ Total check amount					
		Partial check amo	unt			
	VCCU	Routing Number	3222835	05		
Start Date Name			Name	Employee #		
Addres	ss			City	State	Zip
Daytime Telephone Number				Social Security #		
direct	the fina	ancial institution to	eturn said fun	ted to my account, I a ds. This authority will , or upon termination o	remain in effect until	I have filed a new
Signature				Date		
Memb o		•	ge to your pay	roll administrator. Add	itional information ma	ay be requested

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 **805.477.4000 or 800.339.0496 toll-free**.