



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 VBPFUCU account**

Employer Name: _____
Address: _____
City, State, Zip: _____

Employee Name: _____
Employee ID Number (if applicable): _____
Daytime Phone Number: _____

Deposit Instructions

Effective: Immediately Beginning Date: ____/____/____

Net Pay or Deposit Amount In the amount \$ _____

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

Financial Institution Information

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

Authorization

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

Rev 7/2015

501-A Viking Drive, Virginia Beach, VA 23452 | 757.340.9781 | Fax 757.340.1213 | www.vbpfcu.org



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