



Direct Deposit Request

Section 1 (To be completed by payee)

I hereby authorize my employer, _____ to initiate Direct Deposit to Virginia Educators Credit Union to be credited to my (check one):

☐ Checking ☐ Savings Account number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Section 2 (To be completed by Virginia Educators Credit Union)

Virginia Educators Credit Union
12626 Nettles Drive
Newport News, VA 23606
(757) 930-2425
Fax (757) 930-1108

Routing Number: **251481355**

Depositor Account Title: _____

Requested accepted by:

Name: _____

Signature: _____

Date: _____

Completed form to employer payroll office