



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:

6026 Telephone Road
P.O. Box 6920
Ventura, CA 93006
805/ 477-4000 • 800/339-0496
805/ 339-4226—Fax
www.vccuonline.net