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**Direct Deposit Enrollment**

**Instructions**

Complete this form and give it to your employer to initiate or change a direct deposit. This form should be signed, and filled out entirely.

**Member Information**

Name: First  MI  Last  Suffix

Address: Street  City, State  Zip

Company Name

**Disclosure**

By signing below, I hereby authorize the employer listed above to initiate a reoccurring direct deposit or allotment to the account(s) listed below. This authorization shall remain in effect until the company receives a written notice from me to alter or terminate the allotment or direct deposit. Please verify that all of your information is correct before submitting this form to your employer.

<b>Credit Union Information: Credit Union of Richmond</b>		<b>Routing Number:251-082-466</b>
Account Type #1 <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number <input type="text"/>	Deposit Amount <input type="checkbox"/> Net <input type="checkbox"/> Other _____
Account Type #2 <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number <input type="text"/>	Deposit Amount <input type="checkbox"/> Net <input type="checkbox"/> Other _____

**Signature**

Member Signature <input type="text"/>	Date (MM/DD/YY) <input type="text"/>
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