P.O. Box 23967
Chattanooga, TN 37422
(800) 634-3600

Internal Use Only
PR #: _____
USER ID: _____
☐ Mailed to Company

DIRECT DEPOSIT / PAYROLL DEDUCTION FORM

Member Name: _____ Social Security #: _____

Member Address: _____
(street) (city) (state) (zip code)

Company Name: _____

Company Address: _____
(street) (city) (state) (zip code)

☐ DIRECT DEPOSIT

Direct Deposit Type: ☐ Checking ☐ Savings

Account # _____ **Routing #** 261375684

- I hereby authorize and request my employer to pay the entire net amount of saleries and wages due me by credit to my account with the Tennessee Valley Federal Credit Union. I understand it may take at least two full pay periods for my authorization to begin, and it will continue until cancelled by me in writing. **(Use Payroll Allocation Form for distribution of funds; otherwise, all funds will be placed in a share draft (checking) account. In absence of a share draft (checking) account, funds will be placed in the primary share account.)**

☐ PAYROLL DEDUCTION

Payroll Deduction Type: ☐ Checking ☐ Savings

Account # _____ **Routing #** 261375684

- I hereby authorize and request my employer to deduct _____

Note: This amount represents total amount to be deducted per pay period and cancels any prior amount deducted. I understand it may take at least two full pay periods for my authorization to begin, and it will continue until cancelled by me in writing. **(Use Payroll Allocation Form for distribution of funds; otherwise, all funds will be placed in a share draft (checking) account. In absence of a share draft (checking) account, funds will be placed in the primary share account.)**

I hereby authorize my employer named above to deposit my net check/payroll deduction automatically to my account with the Tennessee Valley Federal Credit Union. I also authorize the Tennessee Valley Federal Credit Union to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. I understand it may take at least two full pay periods for my authorization to cancel and I cannot close my account until after that time. I am responsible for any loan payments until Direct Deposit/Payroll Deduction begins, or if it is disrupted or cancelled.

COMPLETE THIS FORM ENTIRELY AND GIVE TO YOUR EMPLOYER. INCOMPLETE FORMS WILL DELAY PROCESSING OF YOUR REQUEST.

Your Signature: ✎✗ _____ Date: _____

ATTENTION EMPLOYER: We at the Tennessee Valley Federal Credit Union hereby agree to act as agent of the above named person(s) in the capacity indicated. The above named person's credit union account number should be included as additional identification on individual checks forwarded for credit to his/her account or on records accompanying composite checks for credit to his/her account. If you have any questions, please call (423) 634-3600.

_____ _____
TVFCU Payroll Officer Date Request Submitted to Credit Union