

2

Change of Direct Deposit Form

I hereby authorize

(my employer) to initiate credit entries (deposits) and to initiate, if necessary, debit entries and adjustments for any entries in error to my account indicated below. I am aware there is a test period involved in setting up a new account. During this period I may receive a negotiable check. This test period also applies whenever I make any changes to an account number or account type.

Employee Name _____

Social Security Number _____

Name on Account _____

Velocity Account Number _____

Velocity Routing ABA # – 314977133

Account Type Checking Savings
(check one)

Employee Signature _____

Date _____