

# Change of Direct Deposit Form



I hereby authorize my employer:

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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 Checking Account Number

or

Velocity Savings Account Number

Velocity Routing ABA # - 314977133

Member/Primary Account Holder \_\_\_\_\_

Authorized Velocity Representative \_\_\_\_\_

Date \_\_\_\_\_

