

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 Checking Account Number

or

Velocity Savings Account Number

Velocity Routing ABA # - 314977133

Member/Primary Account Holder _____

Authorized Velocity Representative _____

Date _____

