

Direct Deposit Sign-Up Form

Complete sections 1 and 2 on the form below.
For paychecks, take the completed form to your payroll department. For non-paychecks, mail the form to the company or agency you have listed in section 2.
(1099A Forms are available upon request.)

SECTION #1

A NAME OF PAYEE (*last, first, middle initial*)

ADDRESS (*street, route, P.O. Box, APO/FPO*)

CITY

STATE

ZIP

TELEPHONE NUMBER

()

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C CLAIM OR PAYROLL ID NUMBER (*printed on Government Check*)

PREFIX:

SUFFIX:

D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS

E DEPOSITOR ACCOUNT NUMBER

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F TYPE OF PAYMENT (*check one; more than one requires a separate form*)

- | | |
|--|---|
| <input type="radio"/> Company Payroll | <input type="radio"/> VA Compensation or Pension |
| <input type="radio"/> Social Security | <input type="radio"/> Fed. Salary / Mil. Civilian Pay |
| <input type="radio"/> Supplemental Security Income | <input type="radio"/> Mil. Active _____ |
| <input type="radio"/> Railroad Retirement | <input type="radio"/> Mil. Retired _____ |
| <input type="radio"/> Civil Service Retirement (OPM) | <input type="radio"/> Mil. Survivor _____ |

G THIS SECTION FOR ALLOTMENT OF PAYMENT ONLY

TYPE:

AMOUNT:

I certify that I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to VyStar Credit Union.

SIGNATURE:

DATE:

SECTION #2

COMPANY OR GOVERNMENT AGENCY NAME

COMPANY OR GOVERNMENT AGENCY ADDRESS

SECTION #3

NAME, ADDRESS AND PHONE NUMBER OF FINANCIAL INSTITUTION:

**VYSTAR CREDIT UNION • P.O. BOX 45085
JACKSONVILLE, FL 32232-5085
(904) 777-6000 OR 800-445-6289**

ROUTING NUMBER:

2 6 3 0 - 7 9 2 7

CHECK DIGIT:

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