

Payroll Deduction/Direct Deposit Authorization

ABA Transit-Routing Number: 236083655

Attention Member: Please complete the entire form and provide to your Human Resources or Payroll Department. Some firms may require you to complete an internal Direct Deposit Authorization form - please inquire at your place of employment.

I hereby authorize the direct sum of:

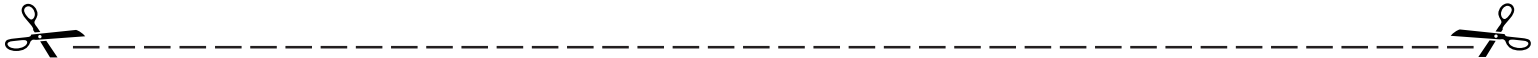
\$ _____ (please specify amount)
to be deducted from each pay due me, beginning with the first pay following receipt of this authorization

OR Entire Net Pay to: Checking or Savings

Start Date: ___/___/_____

If you wish to have your funds allocated amongst different account types, please complete and return the section below to the credit union.

Member Name	Social Security Number	
Home Phone	Work Phone	
Employer Name	City	State
Employer Phone	Employer Fax	
Member Signature	Date	CU Account Number



Holiday & Vacation Club Accounts Application

I'd like to open the following account(s):

- Christmas Club: Please transfer \$ _____ weekly bi-weekly monthly from Savings Checking
- Vacation Club: Please transfer \$ _____ weekly bi-weekly monthly from Savings Checking

All owners of the primary savings account have full transactional authority (to make deposits, withdrawals, etc.). No penalty for early withdrawal.

Name (please print)	Signature	Date	CU Account Number
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Share-to-Share and Share-to-Loan Transfer Authorization

Please indicate how you would like your deduction allocated:

Savings: \$ _____	Checking: \$ _____	Christmas Club: \$ _____	Vacation Club: \$ _____
Loan # 1: \$ _____	Loan # 2: \$ _____	Sub-Account #1: \$ _____	MMDA: \$ _____
Other: _____ \$ _____	Total Dollar Amount to Credit Union:		\$ _____

Please place any excess funds into: Savings Checking (if no option is checked, all excess funds will be deposited to Savings).

Name (please print)	Signature	Date	CU Account Number
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Phone Center: 888-7-VIRIVA • 215-333-1201
www.viriva.com • info@viriva.com