

DIRECT DEPOSIT AUTHORIZATION



Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your DuPont Community Credit Union account. **Complete this form and return to the depositor. Use one form for each deposit. Some companies may require use of their own forms, so check with them or visit their website.**

Company Name: _____

Address: _____

City, State, Zip: _____

I WANT MY AUTOMATIC DEPOSITS TO BE MOVED TO MY ACCOUNT AT DUPONT COMMUNITY CREDIT UNION. PLEASE USE THE FOLLOWING INFORMATION TO MAKE THAT CHANGE:

Name on Account: _____

Account Number: _____

Net Pay Deposit Amount: \$ _____

PLEASE SWITCH MY DEPOSITS TO MY DUPONT COMMUNITY CREDIT UNION ACCOUNT:

Effective: Immediately Beginning (mm/dd/yy) _____

Account Type: Savings _____ Checking _____

ROUTING/ABA#: 251483311

SEND TO:

DuPont Community Credit Union
P.O. Box 1365
140 Lucy Lane
Waynesboro, VA 22980
(540) 946-3200

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ME:

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____