

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

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

6