

**INOVA Federal Credit Union
Payroll Direct Deposit Form**

New Deduction Modify Deduction

Account Number _____
Employee Full Name _____
Social Security Number _____
Depository Name _____ INOVA Federal Credit Union _____
Routing and Transit Number _____ 2712-9068-1 _____
Effective Date _____

Membership Savings \$ _____
Share Draft (Checking) \$ _____
Vacation \$ _____
Christmas \$ _____

I hereby authorize my employer to deduct a total of \$ _____ or **Net pay** from my pay each payroll period, and deposit into my Checking Savings Account indicated above, and if necessary, debit entries or adjustments for any deposits made in error to my (our) account. This authority is to remain in full force and effect until written notice from me has been received by my employer in such a manner as to afford reasonable time to act on it.

Employee Authorization

Date