



1 • 2 • 3 Switch Kit
Direct Deposit Payment Form

Complete this form to authorize an employer to directly deposit your payroll or other credit to your Virginia Bank & Trust Checking or Savings Account.

3 easy steps to change your automatic draft payment:

1. Complete this form.
2. Attach a voided check to this form from your new Virginia Bank & Trust checking account to confirm your account and routing numbers.
3. Submit this completed form and a voided check to your Human Resources Department or to the originator of your Direct Deposit.

Employer/Company Name: _____

Employer/Company Address: _____

City: _____ State: _____ Zip: _____

Employee/Account Holder Name: _____

Employee/Account Holder Address: _____

City: _____ State: _____ Zip: _____

Employee ID: _____

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

Please direct my: _____ Existing Direct Deposit _____ New Direct Deposit

Account you would like your Direct Deposit automatically deposited into:

_____ Checking Account _____ Savings Account

Virginia Bank & Trust Account Number: _____

Virginia Bank & Trust Routing Number: 051407296

Account Holder Name: _____

I authorize _____ and Virginia Bank & Trust to automatically deposit my check into my account listed above. This authorization will remain in effect until I have filed a new authorization or until this authorization is revoked by me in writing.

Customer Signature: _____ Date: _____