



RIVERVIEW
CREDIT UNION, INC.
IT'S WHERE YOU BELONG

Direct Deposit Enrollment/Change Form

MEMBER INFORMATION (Please Print)

Name: _____	Date: _____
Company Name: _____	Employee Number: _____
Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Check One: Enrollment Cancel Change

You may choose up to two accounts to receive your deposits.

DEPOSIT 1	
Name of Financial Institution: Riverview Credit Union, Inc. 403 Main Street Belpre, OH 45714	
Routing & Transit Number: 244280107	
<input type="checkbox"/> Savings Account #: _____	Amount to deposit into selected account: \$ _____ OR <input type="checkbox"/> Net
<input type="checkbox"/> Checking MICR* #: _____	\$ _____

*Checking MICR = The set of 14 digit numbers listed on the bottom of your check after the routing number (244280107). This number may or may not contain your savings (member) account number.

DEPOSIT 2	
Name of Financial Institution: _____	
Address: _____	
City, State, Zip: _____	
Routing & Transit Number: _____	
<input type="checkbox"/> Savings Account #: _____	Amount to deposit into selected account: \$ _____ OR <input type="checkbox"/> Net
<input type="checkbox"/> Checking MICR* #: _____	\$ _____

* Checking MICR = The set of 14 digit numbers listed on the bottom of your check after the routing number. This number may or may not contain your savings (member) account number.

I authorize the above named company to deposit to my account(s) as indicated above. I acknowledge the right of this company to offset against my future wages in the amount of any overpayments the company may have deposited to my account.

Employee Signature: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO YOUR EMPLOYER