



Direct Deposit Request

Complete and submit this form* to your employer/payer, authorizing them to make a direct deposit to your Atlantic Union Bank account.

Please attach a voided check for verification.

Employer/Payer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Switch my deposits to Atlantic Union Bank

Name on Account: _____

My Atlantic Union Bank Account Number: _____

Atlantic Union Bank Routing Number: 051403164

Effective Date: Immediately Beginning (mm/dd/yyyy) _____

Net Pay **or** Deposit Amount \$ _____

If you have any questions, please contact me

Phone Number: (_____) _____

Signature: _____ Date: _____

**Your employer may require the use of its own form to move your direct deposit. Please allow 30 days for your direct deposit to take effect.*

Where you can find your routing & account numbers:

Look for the AFA routing number and the account number at the bottom of your checks.

MEMO

: 051403164 : 0123456789 : 0123

BANK ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER