



# 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

Account Type:  Checking  Savings

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 ABA routing number and the account number at the bottom of your checks.

MEMO

: 051403164 : 0123456789 : 0123

BANK ROUTING NUMBER      ACCOUNT NUMBER      CHECK NUMBER