RIVERVIEW
CREDIT UNION
IT'S WHERE YOU BELONG

Direct Deposit Enrollment/Change Form

MEMBER INFORMATION (Please Print)

Name: _____ Date: _____

Company Name: _____ Employee Number: _____

Social Security Number: ☐☐☐ - ☐☐ - ☐☐☐☐

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

☐ Savings Account #:_____

Amount to deposit into selected account:
$_____   OR   ☐ Net

☐ 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: _____

☐ Savings Account #:_____

Amount to deposit into selected account:
$_____   OR   ☐ Net

☐ 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

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