EZ SWITCH
NEW ACCOUNT TRANSFER

Direct Deposit Authorization Form

Company Name

Company Address | City | State | ZIP

Company Phone # | Company Fax #

Name of Employee | Employee ID# or SSN

Emplyee's Address | City | State | ZIP

Primary Phone # | Alternate Phone #

To whom it may concern:

Financial Institution Name

Financial Institution Routing # | Account #

As of _____, please start making this automatic deposit from my new account at:
Date

Bank of Virginia, _____

Routing #: 051409223

Account #: _____

If you have any questions about this request, please contact me at _____.

Signature | Date

Reminder: Give this to your employer, not to Bank of Virginia.

Bank of Virginia
WELCOME HOME