

CVPH Employees Federal Credit Union

Direct Deposit Distribution Form

By signing below I authorize that The University of Vermont Health Network – Champlain Valley Physicians Hospital Medical Center has authorization to update my direct deposit payment elections (ACH/Direct Deposit) based on the following "Total Direct Deposit Per Pay Cycle" which will be deposited with the CVPH Employees Federal Credit Union. Deposits will be routed to the members Primary checking or savings account. Distributions to sub accounts will be applied based on the following elections via a batch transfer process performed by the CVPH Employees Federal Credit Union. No changes will be made to payment elections without a signed form. Only even dollar amounts may be submitted for each payment election to sub accounts.

Account Number: _____ Routing Number: _____

Department Name: _____

Date to Start: _____ Date To Go To Payroll: _____

S1 Savings Account \$ _____

S2 Christmas Club Account \$ _____

S3 Vacation Account \$ _____

S4 Tax Account \$ _____

S5 Share to Loan Account \$ _____

S6 Special Account \$ _____

S10 Money Market Account \$ _____

D1 Draft Checking Account \$ _____

Sub Accounts \$ _____ Acct # _____

Acct # _____

Will your entire CVPH Direct Deposit be sent to CVPH Employees Federal Credit Union? Yes ____ No ____

Total Direct Deposit Per Pay Cycle \$ _____

Date: _____ Signature: _____