



IHMVCU

Depositor Name: _____

FOR ELECTRONIC TRANSFER:

Routing Number: 271183662

Account Number

Select only **one** of the following for direct deposit purposes

Checking

(Includes HSA & Money Market Accounts)

Draft/MICR Number: _____

Savings

Member/Suffix Number: _____ (-) or (space) _____
Required

Loan

Member/Suffix Number: _____ (-) or (space) _____
Required

Amount to Transfer Per Pay Period: Net Pay Specific Amount: _____

This Request is: New Change _____
(Old Amount)

The authorization updates any now in effect.

Depositor/Account Holder Signature

Date

Credit Union Employee Name

Credit Union Employee Title



For Federal Government Recurring Payments:

Beneficiary Name: _____

Payee Name: _____

SSN / Claim Number: _____

Benefit Type:

- SSA or SSI (800-772-1213)
- VA Comp, pension, or Education (877-838-2778)
- Office of Personal Mgmt – Civil Services (888-767-6738)
- Railroad Retirement (877-772-5772)
- DFAS Retirees or Annuitants (800-321-1080)