

**City of Virginia Beach  
Finance Payroll Division  
Employee Direct Deposit Authorization**

**Instructions**

- For each checking account(s) attach a voided check or photocopy of voided check
- For each savings account(s) attach bank documentation for verification of bank routing and account number(s)
- A deposit slip is not acceptable documentation
- Provide at least **two (2) weeks notice** to the Finance Payroll Division **prior to changing or closing any account(s)**
- For one account, complete Section 1 ONLY. For two accounts, complete Section 1 and 2. For 3 accounts, complete Section 1, 2 and 3. Return completed form to the Finance Payroll Division. (Maximum of three accounts.)

**Employee Name: (Last      First      MI)**      **Employee Number**      **Voter Registration & Elections Organization**

**SECTION 1) Deposit Net Pay**      **Effective Date** \_\_\_\_\_

Checking     Savings     New     Change     Stop

\_\_\_\_\_  
**Name of Financial Institution**      **Account Type (Select one)**      **Action Requested (Select one)**

\_\_\_\_\_  
**Routing Number**      **Account Number**

**SECTION 2) Deposit Fixed Amount**    \$ \_\_\_\_\_      **Effective Date** \_\_\_\_\_

Checking     Savings     New     Change     Stop

\_\_\_\_\_  
**Name of Financial Institution**      **Account Type (Select one)**      **Action Requested (Select one)**

\_\_\_\_\_  
**Routing Number**      **Account Number**

**SECTION 3) Deposit Fixed Amount**    \$ \_\_\_\_\_      **Effective Date** \_\_\_\_\_

Checking     Savings     New     Change     Stop

\_\_\_\_\_  
**Name of Financial Institution**      **Account Type (Select one)**      **Action Requested (Select one)**

\_\_\_\_\_  
**Routing Number**      **Account Number**

I authorize the City and Financial Institution(s) listed above to deposit automatically to the indicated account(s) all amounts payable to me by the City. If funds to which I am not entitled are deposited into my account(s), I authorize the City to direct the Financial Institution to return said funds. This authority shall remain in effect until canceled in writing.

\_\_\_\_\_  
**Employee Signature**      **Date**      **Daytime Phone Number**

**For Finance Payroll Office Use Only:**    System Input: \_\_\_\_\_      Date: \_\_\_\_\_