AUTHORIZATION OF DIRECT DEPOSIT

City of Newport News
Department of Finance
2400 Washington Ave,
7th Floor
Newport News, VA 23607
Phone: 757-926-3929
Fax: 757-926-3548

Last 4 digits of Social Security Number

Phone Number

Department

Name (First, Middle Initial, Last)

Active ☐
Retiree ☐

Address (Street, City, State, Zip Code)

Previous Account Number (If changing direct deposit information, enter the account number where funds were deposited prior to the change)

The City of Newport News Payroll Division may contact you to verify additional information before making any updates.

Financial Institution Account Information (Enter your new/updated financial institution account information below)

Institution Name _____ **Account Type** (Select One): Checking ☐ Savings ☐

Bank Routing Number

Account Number

Voided Check or Banking Institution Direct Deposit Form

You must attach a voided check or Direct Deposit form from your banking institution to this authorization form. Authorization forms received without proper attachments will not be processed and **will result in the issuance of a rapid! charge card in lieu of a direct deposit until the proper documentation is provided**. This form must be completed and submitted (along with the required attachments) to the Payroll Division of the Department of Finance at least seven (7) business days prior to a pay date for changes to be effective for that pay date. **Forms received after the deadline will result in the changes being effective for the following pay date.**. Please select which type is attached.

Attachment Type (Select One): Voided Check ☐ Banking Institution Form ☐

Authorization and Signature (Required for Processing)

I hereby authorize the City of Newport News to deposit my payment directly to my account at the financial institution shown above. I agree to provide written notification to the City of Newport News Payroll Office within 7 days of any changes to this information so that my payments may be properly distributed. I also authorize the City of Newport News to make adjustments to my account to correct any credit entries made in error.

_____ _____
Signature Date

(If you are completing this form as Power of Attorney, please bring the original with the raised seal for us to copy).

For Payroll Division Use Only:

Account Match ☐ Phone Call ☐
Email ☐ Postcard ☐

_____ _____
Initial Date