

# AUTHORIZATION OF DIRECT DEPOSIT



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

<b>Last 4 digits of Social Security Number</b>
<b>Phone Number</b>
<b>Department</b>

<b>Name</b> (First, Middle Initial, Last)	Active <input type="checkbox"/>
	Retiree <input type="checkbox"/>

**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)

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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**

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**Account Number**

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**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