

AUTHORIZATION OF DIRECT DEPOSIT



City of Newport News
 Department of Finance
 2400 Washington Ave
 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 <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. 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 <input type="checkbox"/>	Phone Call <input type="checkbox"/>
Initial	Date	Email <input type="checkbox"/>	Postcard <input type="checkbox"/>