



DIRECT DEPOSIT AUTHORIZATION

City of Bristol Virginia

Finance Department

300 Lee Street
Bristol, VA 24201
276-821-6090

Today's Date:		NOTICE	Office Use:
Full Name:		Each listed account needs a voided check or bank letter with account information attached to the back of this form. The Finance Department cannot process without attached information.	<i>Emp #:</i>
Street Address:			<i>Dept #:</i>
PO Box:			<i>Received Date:</i>
City:			<i>Effective Payroll Date:</i>
State:			<i>Effective Live Date:</i>
Zip:			<i>Verbal Confirmation of request date:</i>
Phone #:			<i>Verified by:</i>
Social Security #:			

Primary Bank - Main deposit account					
Financial Institution:	Routing Number:	Account Number:	Type of Account:		BANK #
			Checking	Savings	

Split Direct Deposits Optional - balance after split(s) will go to Primary Bank.					
Financial Institution:	Routing Number:	Account Number:	Type of Account:		Fixed Amount:
			Checking	Savings	
			Checking	Savings	
			Checking	Savings	
			Checking	Savings	
			Checking	Savings	
			Checking	Savings	

Employee Signature:	Date:
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I hereby authorize The City of Bristol Virginia to deposit my payroll payment directly to my account(s) at the financial institution(s) shown on this page. I also authorize The City to make adjustments to my account to correct any credit entries made in error.