



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. NOTICE I agree to provide notification to the Finance Department BEFORE any changes are made with my Financial Institution(s). I understand if my account(s) listed below are incorrect or closed, the City will NOT issue another check until all funds are returned to the City's account.	Emp #:
Street Address:			Dept #:
PO Box:			Received Date:
City:			Effective Payroll Date:
State:			Effective Live Date:
Zip:			Bank #:
Phone #:			
Social Security #:			

Primary Bank - Main deposit account				
Financial Institution:	Routing Number:	Account Number:	Type of Account:	
			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.