



# CITY OF CHARLOTTESVILLE DIRECT DEPOSIT ENROLLMENT FORM

PLEASE USE THIS CHECK AS A GUIDE FOR COMPLETING THE FORM BELOW

John Q Public 123 4 <sup>th</sup> St. Anywhere, ST 56789-0000	10001	_____ 19____
Pay to the Order of _____	_____ \$ _____	_____ DOLLARS
CRESTAR 234 MAIN ST RICHMOND, VA 23117-0234		
MEMO _____	_____	
<b>123456789</b>	<b>98740001207051</b>	<b>10001</b>
Transit/ABA #	Account Number	

Please attach a **voided check** or blank **savings** deposit slip for each account (no checking account deposit slips). A letter from your bank stating your account number and routing number on your bank's letterhead may be substituted for a voided check or savings deposit slip. We will not accept this form without your banking information attached.

1. Please Print All Information.
2. Check Only One Account Type Per Line.
3. Percentages Must Equal 100%.

Financial Institution Name	Transit/ABA #	Account #	Type of Account
1. _____	_____	_____	CK SAV
Location _____			Percentage: ____ Fixed Amt: _____
2. _____	_____	_____	CK SAV
Location _____			Percentage: ____ Fixed Amt: _____
3. _____	_____	_____	CK SAV
Location _____			Percentage: ____ Fixed Amt: _____
4. _____	_____	_____	CK SAV
Location _____			Percentage: ____ Fixed Amt: _____

I (we) hereby authorize the City of Charlottesville to deposit my payroll earnings in the account(s) specified above and to obtain the return of any amounts erroneously deposited in this account(s). I (we) understand that direct payroll deposit is required as a condition of my employment with the City of Charlottesville and that my (our) failure to provide the Department of Finance with complete and accurate information regarding my financial institution and/or account could result in a delay in the processing of my payroll earnings. This authorization is to remain in full force until the City of Charlottesville receives written notification from the undersigned of my (our) intention to terminate the above authorization and institute direct deposit with a new financial institution.

Upon receipt of a notice of termination and assignment to a new financial institution and/or account by the undersigned, the City agrees to process the request in a timely and reasonable manner. I/we agree that such notice must afford the City of Charlottesville and any applicable Financial Institution a reasonable opportunity to take action pursuant to the revocation and assignment of a new financial institution and/or account. I understand and agree that upon notice of termination of this authorization, I will immediately and contemporaneously provide the City of Charlottesville with a new authorization and provide complete information on the alternative financial institution and/or account. The undersigned herein agrees that my/our failure to provide alternative account information may result in a delay in payment of payroll monies owed by the City of Charlottesville to the undersigned and therefore I (we) hereby release the City of any claims related to such delay. The City of Charlottesville reserves the right to require and/or use an alternative form of electronic payment, should the undersigned be unable to provide a financial institution and/or account information as required by the City of Charlottesville.

NAME \_\_\_\_\_  
Please print

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_