Finance Department - PAYROLL

CITY OF RICHMOND
AUTOMATIC CHECK DEPOSIT REQUEST

NAME: _____

Last   First   MI

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DEPARTMENT: _____

☐ CHECKING (*attach a voided check*)

☐ SAVING (*required printout from bank institution displaying name of bank, routing and account number*)

I hereby authorize the City of Richmond to deposit the net amount of my paycheck into my checking account and if necessary to make any adjustments or corrections to my checking account for any deposits made to my account in error. This authorization shall remain in full effect until I notify the City in writing of its termination. **I have attached a voided check** showing the bank name and account number into which the deposit should be made. The voided check will be used by the City of Richmond Finance Department in preparing the necessary form to complete the automatic deposit of my paycheck.

An itemized statement will be provided by the City to the employee at or around the date of each such deposit. The statement will show the employee's salary or wages, all deductions made from the employee's salary or wages and the net amount deposited.

Upon notice of employment termination, the Finance Department will terminate the Automatic Check Deposit Request and prepare a draft for the final balances owed to the employee. This draft will be picked up by the employee's immediate supervisor or by their department and issued to the employee

_____

Signature

_____

Date