



DEPARTMENT OF FINANCE
GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES VIRGIN ISLANDS
DIRECT PAYROLL DEPOSIT AUTHORIZATION

Name: _____

Social Security #: _____

Department / Agency: _____

Employee Number: _____

I hereby authorize the Government of the Virgin Islands Department of Finance to directly deposit my bi-weekly net pay to the following:

Checking Account Number: _____

Routing Number: _____

(Name of Financial Institution)

Savings Account Number: _____

Routing Number: _____

(Name of Financial Institution)

I understand that this authorization may be terminated by me upon two (2) weeks' notice to the Department of Finance, Payroll Division. I further understand that, as a Direct Payroll Deposit Participant, I will receive a statement of earnings (i.e. Direct Deposit Advice) for all paychecks.

Signature

Date

Note: The Department of Finance ("the department") will be operating as your agent for the Direct Payroll Deposit, not as an agent of the depository Institution named above. The department, therefore, does not accept responsibility for any negligence on the part of said depository institution.