



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

NAME _____ SS# _____

DEPARTMENT/AGENCY _____ EMPLOYEE No. _____

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

OR:

CHECKING ACCT. No. _____ SAVINGS ACCT. No. _____

AT _____ AT _____
 (Name of Financial Institution) (Name of Financial Institution)

I understand that this authorization may be terminated by me upon two (2) weeks notice to the Department of Finance's Payroll Division.
 I further understand that, as a direct Payroll Deposit Participant, I will receive a voided check and stub in lieu of a paycheck.

Signature _____ Date _____

NOTE: The Department of Finance ("the Department") will be operating as your agent for the purpose of 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.

Form Reviewed by _____ (For DoF Use Only) Initials: _____

WHITE: Department of Finance Copy YELLOW: Personal File Copy PINK: Employee Copy



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