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## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

Employer Name: **THE SCHOOL BOARD OF THE CITY OF RICHMOND**  
Employer ID No.: 541689909

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Employee Six Digit ID # (or soc.sec.no.) \_\_\_\_\_ Work Location \_\_\_\_\_

BANK NAME \_\_\_\_\_

ROUTING TRANSIT NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

1. **Attach a copy of your voided check or bank authorization letter**
2. **Attach a copy of your government issued photo ID, driver's license or RPS issued photo ID**

Check One:

Checking  Savings   
RPS Photo ID  Driver's License  Other \_\_\_\_\_

This authority is to remain in full force and effect until **THE SCHOOL BOARD OF THE CITY OF RICHMOND** has received written notification from me (the employee) of its termination in such time and in such manner as to afford **THE SCHOOL BOARD OF THE CITY OF RICHMOND** a reasonable opportunity to act on it.

**Return original to the FINANCE DEPARTMENT and retain a copy for your records.**

I hereby authorize The School Board of the City of Richmond to initiate a direct deposit to my financial institution into the bank account listed above and substantiated by attachment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Revised 12/2020