



**VIRGINIA BEACH
POLICE BENEVOLENT
ASSOCIATION**

International Union Of Police
Associations, AFL-CIO

Local Number 34

Brian "Lucky" Luciano
President

Andy Havola
Vice President

Aaron Dove
Secretary

Rex Hahn
Treasurer

**VIRGINIA BEACH POLICE
BENEVOLENT ASSOCIATION**

MEMBERSHIP APPLICATION

Date: _____

NAME: _____
LAST FIRST MI

ADDRESS: _____
STREET CITY ST ZIP

DOB: _____ ASSIGNMENT: _____

E-MAIL ADDRESS (**PERSONAL**)

HOME PHONE: _____ OTHER PHONE: _____

BENEFICIARY INFORMATION

NAME OF BENEFICIARY: _____

ADDRESS: _____
STREET CITY ST ZIP

HOME PHONE: _____ OTHER PHONE: _____

MEMBER SIGNATURE: _____

The method of payment is through Virginia Beach City Payroll Direct Deposit. Members need to complete the Direct Deposit form. Fill in **NAME, EMPLOYEE NUMBER, and EFFECTIVE DATE** at the top of the form. At the bottom of the form, **SIGN and DATE**. **The form is pre-filled out with PBA bank account information.** We do NOT need any of your bank account information and we do not need a check. Forward completed forms to **Aaron Dove at the Special Operations**. Dues will be deducted from your paycheck at a rate of \$18.00 per pay period. It is the member's responsibility to ensure that their dues are up to date (in good standing). If not in good standing (more than two months delinquent in dues) benefits will be suspended.

**City of Virginia Beach
Finance Payroll Division**

Employee Direct Deposit Authorization

Finance Payroll Division 2424 Courthouse Drive, Bldg 18, and Room 209 Tel: 385-4301 Fax: 385-8943

Instructions

- For each checking account(s) attach a voided check
- A deposit slip is not acceptable documentation
- Provide at least two (2) weeks' notice to the Finance Payroll Division prior to changing or closing any account(s)
- Return completed form to the Finance Payroll Division

VBPD

Employee Name: (Last, First, MI)

Employee Number

Organization

(Insite Number)

1) Deposit Net Pay

Effective Date _____

	Checking Savings	New Change Stop																													
Name of Financial Institution	Account Type (Select one)	Action Requested (Select one)																													
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Routing Number	Account Number																														

2) Deposit Fixed Amount \$ 18.00 Bi-Weekly

Effective Date _____

(Immediately)

XENITH	Checking Savings	X New Change Stop																												
Name of Financial Institution	Account Type (Select one)	Action Requested (Select one)																												
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0	5	1	4	0	5	1	8	8																						
1	0	1	0	8	0	6	3	8	6																					
Routing Number	Account Number																													

3) Deposit Fixed Amount \$ _____

Effective Date _____

	Checking Savings	New Change Stop																													
Name of Financial Institution	Account Type (Select one)	Action Requested (Select one)																													
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Routing Number	Account Number																														

I authorize the City and Financial Institution(s) listed above to deposit automatically to the indicated account(s) all amounts payable to me by the City. If funds to which I am not entitled are deposited into my account(s), I authorize the City to direct the Financial Institution to return said funds. This authority shall remain in effect until canceled in writing.

Employee Signature

Date

For Finance Payroll Office Use Only:

System Input:

Date:
