



**VIRGINIA BEACH  
POLICE BENEVOLENT  
ASSOCIATION**

International Union of Police  
Associations, AFL-CIO

Local Number 34

Aaron Dove  
President

William Ahern  
Vice President

Solomon Simmons III  
Secretary

Eric Beaver  
Treasurer

Anthony Espinosa  
Sergeant at Arms

**VIRGINIA BEACH POLICE  
BENEVOLENT ASSOCIATION**

MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MI

ADDRESS: \_\_\_\_\_  
STREET CITY ST ZIP

DOB: \_\_\_\_\_ PRECINCT/SPECIALTY/DETECTIVE 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 **Solomon Simmons at Special Operations**. Dues will be deducted from your paycheck at a rate of \$20.50 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**

2424 Courthouse Drive, Bldg 18, Room 209

Tel: 385-4301

Fax: 385-8943

[FinancePayroll@vbgo.com](mailto:FinancePayroll@vbgo.com)

**Instructions**

- For each checking account(s) attach a voided check
- For each savings account(s) attach bank documentation for verification of bank routing and account number(s)
- 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)**
- For one account, complete Section 1 ONLY. For two accounts, complete Section 1 and 2. For 3 accounts, complete Section 1, 2 and 3. Return completed form to the Finance Payroll Division. (Maximum of three accounts.)

VBPD

**Employee Name: (Last                      First                      MI)**                      **Employee Number**                      **Organization**

**SECTION 1) Deposit Net Pay**                      **Effective Date** \_\_\_\_\_

Checking     Savings     New     Change     Stop

\_\_\_\_\_  
Name of Financial Institution                      Account Type (Select one)                      Action Requested (Select one)

Routing Number										Account Number									

**SECTION 2) Deposit Fixed Amount**    \$ 20.50                      **Effective Date** Immediately

Checking     Savings     New     Change     Stop

Atlantic Union                      \_\_\_\_\_  
Name of Financial Institution                      Account Type (Select one)                      Action Requested (Select one)

0	5	1	4	0	3	1	6	4											
Routing Number										Account Number									

**SECTION 3) Deposit Fixed Amount**    \$ \_\_\_\_\_                      **Effective Date** \_\_\_\_\_

Checking     Savings     New     Change     Stop

\_\_\_\_\_  
Name of Financial Institution                      Account Type (Select one)                      Action Requested (Select one)

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**                      **Daytime Phone Number**

**For Finance Payroll Office Use Only:**    System Input: \_\_\_\_\_                      Date: \_\_\_\_\_