GOVERNMENT OF THE VIRGIN ISLANDS

DIRECT DEPOSIT AUTHORISATION FORM

INSTRUCTIONS: Use this form to establish or change a direct deposit allocation. Please note that the authorisation will take effect the next scheduled pay period **after** receipt by the Payroll Unit. If you are a new employee, please attach a copy of your Social Security card.

Pay Period Start Date: _____ (DD/MMM/YY) **Date:** _____ (DD/MMM/YY)

PERSONAL INFORMATION

Check One Please: ☐ New Employee ☐ Existing Employee **Employee #:** _____ (new employees will be issued a number)

Social Security #: _____ Please attach a copy of the Social Security card (only required for new officers) **Date of Birth:** _____ DD/MMM/YY

Name: _____ First Name MI Last Name

Telephone Numbers: Ext.: _____ Personal: _____ **Email:** _____

Mailing Address

Address 1: _____

Address 2: _____

City: _____ Country: _____ Postal Code: _____

BANKING INFORMATION

- Please indicate your relevant banking information, including the amount/percent to be deposited each pay period.
- You may choose up to three accounts.

* Enter the amount to be deposited each pay period.

1. Bank: _____ **Account Type:** ☐ Chequing ☐ Savings

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐

Select one: ☐ Start ☐ Change ☐ Cancel ***Amount/Percent:** _____

2. Bank: _____ **Account Type:** ☐ Chequing ☐ Savings

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐

Select one: ☐ Start ☐ Change ☐ Cancel ***Amount/Percent:** _____

3. Bank: _____ **Account Type:** ☐ Chequing ☐ Savings

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐

Select one: ☐ Start ☐ Change ☐ Cancel ***Amount/Percent:** _____

I hereby authorise my employer (hereinafter "Government of the Virgin Islands") to provide direct deposit of any salary or wages due me, less any mandatory or authorised withholding or deductions therefrom, in the above designated account(s). If at any time the amount of salary or wages so deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorise the Government of the Virgin Islands to either: (a) withhold a sum equal to the overpayment from future salary or wages; or (b) recover such overpayments from the above-designated account. If the Government is legally obligated to withhold any part of my wage or salary payment for any reason, or if I no longer meet eligibility requirements for the Direct Deposit programme, I understand the Government may terminate my enrolment in the programme. If any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that the Government assumes no responsibility for processing a supplemental salary or wage payment until the amount of the non-acceptance deposit is returned to the Government by the financial institution. The information contained on this form will remain effect until the Department of Human Resources receives notice from me of its termination or of any changes in such time and in such manner as to afford the Department of Human Resources reasonable opportunity to take action.

Signature: _____ **Date:** _____

Please submit this completed form and the required documents to the address below:

ATTENTION: Payroll Unit
Department of Human Resources
Simms Building
Road Town, Tortola VG 1110
British Virgin Islands
Email hrdbvi@gov.vg

DEPARTMENT OF HUMAN RESOURCES USE ONLY

FOR COMPLETION BY SALARIES OFFICER

Entered by: _____
Date: _____
Checked by: _____
Date: _____