



**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: \_\_\_\_\_

Payment is processed through Virginia Beach City Payroll Direct Deposit. Members must complete the Direct Deposit form by filling out their NAME and EMPLOYEE NUMBER at the top of the form. At the bottom, please SIGN and DATE the form. The form is pre-filled with the PBA's bank account details, so we do *not* require your bank account information or a check.

Once completed, forward the form to Solomon Simmons at Special Operations. Dues will be automatically deducted from your paycheck at a rate of \$15.00 per pay period. It is the member's responsibility to keep their dues current. Members who are more than two months delinquent will have their benefits suspended until dues are brought up to date.

City of Virginia Beach  
Finance Payroll Division

Employee Direct Deposit Authorization

2424 Courthouse Drive, Bldg 18, Room 209 Tel: 385-4301  
[FinancePayroll@vbgov.com](mailto:FinancePayroll@vbgov.com)

Fax: 385-8943

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.)

Employee Name: (Last First MI) Employee Number VBPD 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** \$ 15.00 Effective Date Immediately

Atlantic Union ☒ Checking ☐ Savings ☒ New ☐ Change ☐ Stop

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

Routing Number 0 5 1 4 0 3 1 6 4 Account Number 1 0 1 0 8 0 6 3 8 6

**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: \_\_\_\_\_

