



Richmond Virginia Fire Police Credit Union

Fire Branch: 900 Hermitage Road | Richmond, VA 23220
Police Branch: 200 West Grace Street | Richmond, VA 23220

Phone 804.354.0673
Fax 804.303.7138 Fire Branch
804.780.1009 Police Branch
Email contact@FirePoliceCU.org
Website www.FirePoliceCU.org

CITY OF RICHMOND PAYROLL DEDUCTION AUTHORIZATION	
Your Full Legal Name _____	
RVFPCU Account Number: 00000 _____	Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Employee's Payroll # _____	SSN/TIN _____
Your Contact Phone # _____	RVFPCU Routing Number: 251082411
This request is for: <input type="checkbox"/> Initial or New Authorization <input type="checkbox"/> Change to a Prior Authorization	
Deposit Amount: <input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____ Effective Pay Date (MMDDYYYY) _____	
<p>I understand and agree that this Authorization remains in effect unless I complete and sign a document acceptable to the Richmond Virginia Fire Police Credit Union, Inc. (RVFPCU). I authorize my employer (City of Richmond) to withhold from my paycheck the Deposit Amount set forth in this Authorization and to electronically deposit these funds into my RVFPCU Account on the Effective Pay Day indicated and for each payroll period thereafter. If this is a change in a prior authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing bankruptcy, my employer and the RVFPCU are directed to continue making and applying deduction(s) in accordance with this Authorization. Further, for the purpose of paying any debt I owe to the RVFPCU, I hereby assign to the RVFPCU all or such part, of any salary or wages due to me at the time I leave employment with the City of Richmond, and waive the benefit of my homestead exemption (if applicable) regarding such salary or wages. Accordingly, I hereby appoint the duly elected treasurer of the RVFPCU as my true and lawful attorney to endorse any check made payable to me with regards to such salary or wages for the purpose of applying such proceeds to the debt I owe. I authorize the RVFPCU to credit my payroll deposit in accordance with the Transfer Authorization I have with the RVFPCU. If I cancel this Authorization, I understand and agree that RVFPCU has the right to revoke any APR discount I received for repaying my debt through an automated program such as payroll deduction.</p>	
Member's Signature _____	Date _____
Witness (print name) _____	Signature _____