



CITY OF ALEXANDRIA
DEPARTMENT OF HUMAN RESOURCES

2331 Mill Road, Room 301
Alexandria, VA 22314

Phone: 703-746-3777
www.alexandriava.gov

Authorization Agreement for Electronic Funds Transfer for
Retiree Health and/or Life Insurance Premium Payments

I authorize the City of Alexandria, through Truist, to automatically debit/credit my bank account for health and/or
life insurance payments/reimbursements as specified below. I understand that transactions will be processed on the
15th of each month. If the 15th falls on a holiday or weekend, transactions will be processed the next business day.
I understand that funds will not be transferred to the City if there are insufficient funds in my account and that I will
be subject to a \$35 returned check fee.

Complete this agreement and attach a voided check from your checking account. A deposit slip may be
used for a savings account only. Mail the completed agreement and your voided check to: Department of
Human Resources, ATTN: Benefits, 2331 Mill Road, Room 301, Alexandria, VA 22314.

Applicant's Name:

Last Name: First Name: Middle Initial SSN:

Mailing Address:

Street: City: State: Zip:

Email:

Telephone Number: Home: Cell:

Bank Name: [] Checking [] Savings

Name of Account Holder:

Bank Routing Number (nine digits): Bank Account Number:

By signing this agreement I understand I am authorizing the City to automatically debit/credit my bank account for
health, dental, vision and/or life insurance payments/reimbursements and to stop health and/or life insurance
deductions from my monthly VRS and/or Empower retirement payments, if applicable. I also understand that this
electronic funds transfer authorization remains in effect until the City of Alexandria receives written notification of
its termination. Written cancellation must be received by the City at least 15 days before the next scheduled
deduction.

I have read and agree to the terms and conditions contained in this Authorization Agreement.

Print Name:

Signature: Date: