

Bristol County Retirement

Authorization for Direct Deposit of Retirement Benefit

Direct Deposit is Mandatory for all Members Retiring After January 1, 2010

Section A (Required):

Personal Information

Name:

Street Address:

City:

State:

Zip Code:

Telephone Number:

Email Address:

Social Security Number: (Last four (4) digits only)

Section B (Required):

Name of Financial Institution:

All Names on Account:

Financial Institution's Routing Number (9 Digit Number):

Depositor Account Number:

Please check Appropriate Box:

Savings Account

Checking Account

****PLEASE INCLUDE A VOIDED CHECK IF BEING DEPOSITED INTO A CHECKING ACCOUNT****

Please Sign Below (Required):

"I, _____, hereby authorize the Bristol County Retirement System to deposit my retirement benefit into my account at the financial institution named above. The Bristol County Retirement System is also authorized to debit or credit my account, to adjust any over deposit which it has caused to be made to my account. This authorization will remain in effect until revoked by me with thirty (30) days written notice to the: Bristol County Retirement System, 645 County Street - Unit 5, Taunton, Massachusetts 02780.

I certify that I am the person entitled to receive the payment under this application. I also certify that the information herein provided is accurate to the best of my knowledge."

Signature:

Date of Signature:

Bristol County Retirement System ** 645 County Street - Unit 5 ** Taunton, Massachusetts 02780

Telephone Number: 508-824-4029 ** Facsimile Number: 508-880-8749

Website Reference: bristolcountyretirement.org