

EFT/DRAFTING AUTHORIZATION

EFT/DRAFTING AUTHORIZATION AND AGREEMENT *(Check One)*

BANK DRAFT – I hereby authorize the Board of Retirement & Insurance to draft payments electronically from my checking/savings account. To ensure that my account is properly debited, I have attached a voided check (or official bank form including routing and account number) from my account where my payments will be withdrawn. I acknowledge that the bank draft will take place on the first business day of each month. I agree that this authorization will remain in effect until I provide notification terminating this service.

Bank Draft Amount \$ _____

Check one: Retirement Contribution (Acct # _____) Note Payment (Acct # _____) Insurance Premium (Acct # _____)

DIRECT DEPOSIT – I hereby authorize the Board of Retirement & Insurance to deposit payments electronically into my checking/savings account and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. To ensure that my account is properly credited, I have attached either a voided check from my checking account, official bank form including routing and account number, or a deposit slip from my savings account, where my payments will be deposited. I acknowledge that the direct deposit will take place on the first business day of each month. I agree that this authorization will remain in effect until I provide notification terminating this service.

PERSONAL INFORMATION *(Please Print)*

Name: _____ Social Security No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: Home _____ Cell _____

Name(s) on Bank Account: _____

Name of Bank: _____ Bank (Routing) Number: _____

Street Address of Bank: _____

Bank Account Number: _____ Account Type (check one): Checking Savings

Signature: _____ Date: _____ Month to Begin Service: _____

VOIDED CHECK

A sample check is provided below to help you identify the bank routing and account number from your check. Please staple or tape a blank voided check in the spaced provided below.

2400

Date _____ 91-548/1221

PAY TO THE
ORDER OF _____

_____ DOLLARS

FOR _____

| : 0 1 2 3 4 5 6 7 8 | : 0 1 2 3 4 5 6 7 8 9 0 1 2 3 | | : 2 4 0 0

|
Routing Number

|
Account Number

|
Check Number