

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a voided check (or official bank form including routing and account number) from my account where my payments will be withdrawn.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 agree that this authorization will remain in effect until I provide notification terminating this service.*

Bank Draft Amount \$ _____ Check one: One-time draft Monthly draft (on first business day of each month)

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 agree that this authorization will remain in effect until I provide notification terminating this service. (Retirement Acct # _____) Check one: One-time deposit Monthly deposit (on first business day of each month)

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.

Date _____		2400
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

**Note If any contribution (or any portion of a contribution) is made by a good faith mistake of fact, then within one year after the payment of the contribution, and upon receipt in good order of a proper request approved by the Board of Retirement, the amount of the mistaken contribution (adjusted for any loss in value) shall be returned directly to the participant or, to the extent required or permitted by the Board of Retirement, to the participating employer.*