## **DIRECT DEPOSIT AUTHORIZATION**

PARTICIPANT INFORMATION (Please F	Print)		
Name:	DOB:	Acct #:	
Address:	City:	State: Zip:	
Telephone: (Circle one: Home or Cell)	Email	:	
DIRECT DEPOSIT INFORMATION			
Direct Deposit Amount \$	Check one:  Annuity Benefit Pa	ayment 🔲 Self-directed Benefit Paymen	
Month to Begin: S			
Note: If $1^{ m st}$ falls on a weekend or holiday, draft	t will be on the next business day.		
BANK ACCOUNT INFORMATION			
Name(s) on Bank Account:			
Routing Number:	Bank Account Nur	Bank Account Number:	
Account Type (check one): 🗖 Checking 📮 Savir	ngs		
PAY TO THE ORDER OF	(OID	2400 91-548/1221 	
FOR			
	234567890123   : 2400		
Routing Number	Account Number Ch	eck Number	
Routing Number  DIRECT DEPOSIT AUTHORIZATION		eck Number	
I hereby authorize the Board of Retirement & Ir account and to initiate, if necessary, debit entrithat my account is properly credited, I have attaincluding routing and account number, a copy/payments will be deposited. I acknowledge that I agree that this authorization will remain in eff	nsurance to deposit payments electies and adjustments for any credit ached either a voided check from picture of check, or a deposit slip at the direct deposit will take place.	entries in error to my account. To ensumy checking account, official bank form from my savings account, where my e on the first business day of each mont	
Signature:		Date:	

