

NORFOLK COUNTY RETIREMENT SYSTEM
480 NEPONSET STREET, BUILDING #15
CANTON, MA 02021

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

NAME: _____ SS# _____

ADDRESS: _____

CITY/STATE/ZIP: _____

I hereby authorize and direct the Norfolk County Retirement System to initiate direct deposits of my monthly retirement allowance check to the account indicated below:

NAME OF BANK: _____

BANK BRANCH: _____

ADDRESS OF BANK: _____

CITY/STATE/ZIP: _____

BANK ACCOUNT # _____ **Check one: Checking__ Savings__

BANK ROUTING # _____ **

***** Please verify account number and routing number with your bank and enclose a copy of a VOIDED check. NOTE: A bank will not accept a direct deposit to an account unless the retiree's name is on the bank account.***

All authorization for direct deposit will remain in effect and continue unless one of the following occurs:

1. Written notice is received from you to discontinue
2. Written notice is received from your bank to discontinue

**THIRTY DAYS NOTICE PRIOR TO THE ISSUE DATE OF YOUR CHECK IS
REQUIRED FOR ANY CHANGES TO BE EFFECTIVE**

(NOTE: CHECKS ARE DUE AND PAYABLE ON THE LAST DAY OF THE MONTH)

RETIREE'S SIGNATURE _____