

DIRECT DEPOSIT AUTHORIZATION

Social Security Number	(Print) Last Name	First	Middle

- BEGIN Direct Deposit:** Please deposit my retirement allowance directly in the account indicated below. I also authorize you to make corrections to my account to adjust for any errors in the deposit.
- CHANGE Bank and/or Account:** Please change the direct deposit information to reflect my new bank and/or account number indicated below. (Please leave old account open until change is implemented.)
- CANCEL Direct Deposit:** Please cancel the direct deposit of my retirement allowance and mail future checks to my address below. (Do not close your account until cancellation is implemented.)

IMPORTANT NOTE: This form must be received in our office on or before the 10th of the month for your request to take effect in the same month. If received after the 10th, it will take effect the following month.

Type of Account (Required)	
<input type="checkbox"/> Checking Account — <i>Attach a voided or cancelled check as verification</i> <input type="checkbox"/> Savings Account — <i>Signature of approving Bank Officer required here</i>	(Space for Bank Officer's signature)

Transit Routing Number (Required)										
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In the **Transit Routing Number** box, please write in the nine-digit number that appears on the bottom-left corner of your voided or cancelled check between two symbols exactly like those in the first and last spaces of the box.

Account Number (Required)														

In the **Account Number** box, please write in all of the numbers that appear after the Transit Routing Number on your voided or cancelled check. Do not include any symbols that appear between the numbers.

Bank Information (Required)			
Name of Financial Institution	Date	Telephone No.	
Address	City	State	Zip Code

Authorized Signature and Information (Required)			
Authorized Signature	Date	Home Telephone No.	
Address	City	State	Zip Code

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Joint Account Holders (Required)			
Name of Joint Account Holder			Telephone No.
Address	City	State	Zip Code

Joint Account Holders - Continued (Required)			
Name of Joint Account Holder			Telephone No.
Address	City	State	Zip Code

Contacts In Event of Death (Optional)			
Name of Contact in Event of Death			Telephone No.
Address	City	State	Zip Code
Name of Contact in Event of Death			Telephone No.
Address	City	State	Zip Code

For official use only		
Fund No.:	Date posted:	Posted by:

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