

NORFOLK COUNTY RETIREMENT SYSTEM

480 Neponset Street, Building #15

Canton, Massachusetts 02021

Tel (781) 821-0664 Fax (781) 821-0981 E-Mail: info@norfolkcrs.com

Authorization Agreement for Automatic Deposits

Name

Soc. Sec. No.

Address

City/State/Zip

Bank Information

Bank Name: _____

Bank Address: _____

City/State/Zip:

**Check one: Checking _____ Savings _____

Bank Account # : _____

Bank Routing # : _____

Important

1. Check with your bank to verify your account number and routing number and to verify that your name is on the bank account. If your name is not on the account, the bank will not accept the direct deposit.
2. If the deposit is to a checking account, you **must** enclose a **voided check** with this authorization. Without a voided check, we will be unable to deposit your retirement allowance.
3. Do not use a routing number from a deposit slip.
4. All authorization for direct deposits will remain in effect and continue until we receive written notice from you or your bank to discontinue the deposit.
5. Thirty day notice prior to the issue date of your retirement allowance is required for any changes to be effective.
6. Direct deposits are made on the last business day of each month.

Authorization

I hereby authorize the Norfolk County Retirement System to deposit my retirement benefit as directed above. The Norfolk County Retirement System is also authorized to debit or credit my account to adjust any over deposit made to my account. I certify that I am the person entitled to receive the payment under this application and that the information herein provided is accurate to the best of my knowledge.

Retiree's Signature: _____ Date: _____