

AUTHORIZATION FOR DIRECT DEPOSIT

Section 1 – Retirement Allowance Recipient Information

Name: Last, First

Mailing Address: Street/PO Box

City, State, Zip

Social Security Number

Check here if address change

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I authorize the Holyoke Retirement Board to direct the net amount of my monthly retirement allowance for crediting to my account at the designated financial organization designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. This authorization will remain in effect until canceled by written notice from me to the Holyoke Retirement Board. I authorize the bank to release to the Holyoke Retirement Board, upon my request, my current mailing address, if known, or any individuals authorize to sign on my account, and the names and addresses, if known, of individuals who have the power of attorney to withdraw funds from my account.

Recipient's Signature (Do not print or type)

Date Signed

Section 2 – Financial Organization Information

Name of Financial Institution

Mailing Address: Street/PO Box

City, State, Zip

ACH Routing Number

Checking

Savings

Bank Account Number

Signature of Financial Officer (Do not print or type)