

MEMBER AUTHORIZATION FOR DIRECT DEPOSIT OF RETIREMENT BENEFIT

This document contains an authorization form for the direct deposit of the member's monthly retirement benefit into their Savings or Checking account. In order for this form to be processed, IT MUST BE COMPLETED IN ITS ENTIRETY, and we highly recommend that you include a voided check in order to ensure correct information.

Member Name: _____ Email: _____

Pension Number: _____ SSN: _____

Member Address: _____

City, State, & Zip Code: _____ Phone: _____

I hereby authorize the CITY OF DETROIT RETIREMENT SYSTEM to transmit my retirement benefit checks to my account(s) at the specified Financial Institution(s) as follows:

Note: Specified percentages or fixed amounts are optional and must add up to 100% of the total payment. If specified for only one account, the remaining account will default to the balance of the total payment.

Action: Bank Name: _____

☐ Add Account No.: _____ Routing No.: _____

☐ Change

☐ Cancel Percentage OR Fixed Amount of each payment to be deposited to this account: _____

Account Type: ☐ Checking ☐ Savings

Action: Bank Name: _____

☐ Add Account No.: _____ Routing No.: _____

☐ Change

☐ Cancel Percentage OR Fixed Amount of each payment to be deposited to this account: _____

Account Type: ☐ Checking ☐ Savings

I authorize and direct the said Financial Institution(s) to charge said account(s), or the account of my Estate, for any payment made subsequent to my death, and to refund any such payment to the CITY OF DETROIT RETIREMENT SYSTEM, 500 Woodward Avenue Suite 3000, Detroit, MI 48226. I agree - for myself - my heirs - executors and estate - to indemnify and save the said Financial institution(s) harmless from any and all loss or damage of any nature whatsoever by reason of said bank having entered into the above-described arrangement. I reserve the right to revoke or cancel this authorization and agreement by giving written notice thereof to the CITY OF DETROIT RETIREMENT SYSTEM, and to the specified Financial Institution(s).

Signatures must be notarized if not witnessed by a Retirement Systems employee.

Signature of Member: _____ Date: _____

Address of Member: _____

City, State, & Zip Code: _____

Signature of Witness: _____ Date: _____

Address of Witness: _____

City, State, & Zip Code: _____

On this day of _____ the above named made oath that the answers are true to the best of his/her knowledge and belief.



Notary Public

County State

My Commission Expires (Date)

Processed by: _____

Date: _____