

## **RE: DIRECT DEPOSIT OF MONTHLY PENSION BENEFIT**

This document contains an authorization form for the direct deposit of your monthly retirement benefit into your Savings or Checking account. When you have completed the upper portion of the authorization and the financial institution has completed the lower part, the original is to be returned to this office.

**PLEASE INCLUDE A VOIDED CHECK WITH YOUR APPLICATION**

**IF THE FORM IS NOT COMPLETED IN ITS ENTIRETY IT WILL NOT BE PROCESSED.**

**IF YOU RECEIVE 2 CHECKS (LEGACY & HYBRID PLAN) PLEASE INITIAL IN THE PLAN SECTION IF THIS AUTHORIZATION APPLY'S TO ONE PLAN OR BOTH.**

It will be approximately 30 to 60 days before your first check will be processed directly to the bank. Until that time, you will receive your monthly checks by mail. Once your direct deposit begins, this office will forward to your correspondence address a record of the amount deposited, and a copy of your check stub showing any deductions taken from your pension amount. Your attention is directed to the line for your correspondence address on the authorization form. It is important that you complete this line and keep Pension Bureau notified of any future address changes.

**AUTHORIZATION FOR DIRECT DEPOSIT OF RETIREMENT BENEFIT**

I, \_\_\_\_\_ hereby authorize the CITY OF DETROIT RETIREMENT SYSTEM to transmit my retirement benefit checks to my account # \_\_\_\_\_ at \_\_\_\_\_  
(Name of Financial Institution)

I authorize and direct the said Financial Institution to charge said account, 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 Ste 3000, Detroit, MI 48226.

I agree - for myself - my heirs - executors and estate - to indemnify and save the said Financial institution 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 the \_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Dated) (Signature of Payee)

Social Security No. \_\_\_\_\_ PLAN: \_\_\_ Legacy \_\_\_ Hybrid \_\_\_ Both

MY ADDRESS FOR CORRESPONDENCE IS:

\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Telephone No.  
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**FINANCIAL INSTITUTION TO COMPLETE THIS PART**

We agree to the above provisions and in consideration of the release by the CITY OF DETROIT RETIREMENT SYSTEM from the requirement to file periodic affidavits that the retirant-depositor is alive, we hereby agree: (1) to notify the CITY OF DETROIT RETIREMENT SYSTEM should the retirant - depositor cease to maintain said account with us or should we receive notification of death of said depositor; (2) to pay CITY OF DETROIT RETIREMENT SYSTEM any sums forwarded to this bank under the City of Detroit Charter Provisions, after the death of said retirant-depositor.

ROUTING NO \_\_\_\_\_ CK DIGIT \_\_\_\_\_

SAVINGS  CHECKING  DEPOSIT ACCT. NO. \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Office address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Signature of Financial Officer \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

