

CITY OF MIDDLETOWN, CONNECICUT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PENSION CHECKS

I hereby authorize the direct deposit of my NET PENSION CHECK by the City of Middletown in the account and financial institution indicated, hereinafter call the DEPOSITORY. Such direct deposit will be made on the 26th or next business day thereafter, of the month. I assume responsibility for verification of my pension check amount.

I request that my PENSION CHECK be deposited at:

DEPOSITORY: _____

Name of Financial Institution	Branch	Branch Telephone Number
Address	City	State Zip Code
Routing Transit Number/ABA Number	Deposit to Account Number	Checking _____ Savings _____ check one only

This authority is to remain in full force and effect until the City of Middletown, Connecticut, has received written notification from me of its termination, in such time, and in such manner, as to afford the City and DEPOSITORY a reasonable opportunity to act upon it. Initial enrollments and changes will require fourteen (14) days minimum advance notice.

In the event that my the City deposits (credits) my account erroneously, I authorize the City to withdraw (debit) funds from my account in an amount not to exceed the original deposit, and to re-deposit the CORRECTED PENSION CHECK.

Name	Social Security Number
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Signature	Date
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A voided check or savings account deposit slip must be attached to this form or presented for verification which agrees with the Routing Transit/ABA Number.

Reviewed By	Date	For Finance Use Only Period:
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