

# CHICOPEE CONTRIBUTORY RETIREMENT SYSTEM

274 Front Street, Chicopee, MA 01013  
Tel: (413) 594-1542 Fax: (413) 594-1544

## AUTHORIZATION FOR DIRECT DEPOSIT

By completing this form your monthly retirement check will be deposited into your account on the last business day of every month.

Please complete this form in its entirety to assure that we have all of the correct information. Once this form is completed we will enter your information into our system. Your first check will be a live check and beginning the following month it will be directly deposited into your account.

### SECTION A – this section must be completed

|  |        |           |
|--|--------|-----------|
| NAME:                                    |        |           |
| ADDRESS:                                 |        |           |
| CITY:                                    | STATE: | ZIP CODE: |
| PHONE NUMBER:                            | EMAIL: |           |
| SOCIAL SECURITY NUMBER (last four only): |        |           |

### SECTION B – this section must be completed

|   |  |  |
|---|--|--|
| Name of Bank where check will be deposited:   |  |  |
| Name on the Account:  |  |  |
| Routing #   |  |  |
| Account #   |  |  |
| Please check one of the following: <input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account       |  |  |
| Please select one option: <input type="checkbox"/> Entire Net Check <input type="checkbox"/> Flat Dollar Amount of \$ _____ |  |  |

|   |  |  |
|---|--|--|
| Name of Bank where check will be deposited:   |  |  |
| Name on the Account:  |  |  |
| Routing #   |  |  |
| Account #   |  |  |
| Please check one of the following: <input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account       |  |  |
| Please select one option: <input type="checkbox"/> Entire Net Check <input type="checkbox"/> Flat Dollar Amount of \$ _____ |  |  |

PLEASE INCLUDE A VOIDED CHECK IF BEING DEPOSITED INTO A CHECKING ACCOUNT.

I, \_\_\_\_\_ hereby authorize the Chicopee Contributory Retirement System to deposit my monthly retirement check into the above named financial institution. This authorization will remain in effect until revoked by me.

I certify that I am the person that is entitled to receive the payment under this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Direct Deposits for all new retirees is mandatory.

You will only receive a direct deposit notice in the mail whenever a change is made. For example, changes in life insurance premiums, federal taxes, health insurance premiums or cost of living increases.

If you have any questions please call our office at (413) 594-1541.