

**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: \_\_\_\_\_

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: _____
<input type="checkbox"/> Add	Account No.: _____ Routing No.: _____
<input type="checkbox"/> Change	
<input type="checkbox"/> Cancel	Percentage OR Fixed Amount of each payment to be deposited to this account: _____
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Action:	Bank Name: _____
<input type="checkbox"/> Add	Account No.: _____ Routing No.: _____
<input type="checkbox"/> Change	
<input type="checkbox"/> Cancel	Percentage OR Fixed Amount of each payment to be deposited to this account: _____
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> 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).

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