

Manchester Employees' Contributory Retirement System
Suite 403 - 1045 Elm Street
Manchester, NH 03104
Telephone Number: (603) 624-6506 ♦ FAX Number: (603) 624-6342

VOLUNTARY ADDITIONAL CONTRIBUTION FORM

(To be used by a member already enrolled in the "additional contributions" program)

To be completed by the member (please print)

Member Name: _____ Social Security No.: _____ - _____ - _____

Member Mailing Address: _____

Member Telephone Number: _____

Employed At: _____

Amount Enclosed: \$ _____

Notes:

1. Make check payable to: "Manchester Employees Contributory Retirement System"
2. Mail to: **Manchester Employees Contributory Retirement System**
Suite 403 – 1045 Elm Street
Manchester, New Hampshire 03104
3. A completed copy of this form will be returned to you for your records.

For MECRS purposes only

Date Received: _____ Date of Deposit: _____

Check Number: _____ Bank Name: _____

Month Credited: _____ Processed By: _____

Manually entered on the books as of : _____