

DIRECT DEPOSIT AUTHORIZATION

CITY OF MANCHESTER EMPLOYEES'
CONTRIBUTORY RETIREMENT SYSTEM
1045 ELM ST STE 403
MANCHESTER, NH 03101-1824
(603) 624-6506

I hereby authorize the Contributory Retirement System to deposit my retirement payment directly to my account at the financial institution shown below. I agree to provide written notification to the Contributory Retirement System immediately of any changes to this information so that my retirement pay may be correctly deposited.

Note: If you are completing this form as Power of Attorney or guardian for a retiree or survivor, please attach a copy of your Power of Attorney or guardianship papers.

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| Print Name: | Social Security Number: |
| Address: | Phone: |
| Name of Financial Institution: | Branch (City and State): |
| Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Account #: Bank Routing #: |
| Signature: | Date: |
| TAPE VOIDED CHECK OR DEPOSIT SLIP HERE | |

Revised 04/2005