

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.

Print Name:	
Address:	Phone:
Name of Financial Institution:	
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account #: Bank Routing #:
Signature:	Date:
TAPE VOIDED CHECK OR DEPOSIT SLIP HERE	

Revised 03/2010