

NEWTON RETIREMENT SYSTEM

1000 Commonwealth Avenue
Newton Centre, MA 02459-1449
Telephone: (617) 796-1095

DIRECT DEPOSIT AUTHORIZATION BY PENSION RECIPIENT

(MAIL ORIGINAL COPY OF THIS FORM TO THE ABOVE ADDRESS)

I hereby authorize the City of Newton to forward my net pay to the following bank account:

Name _____

Social Security # _____

Bank Name _____

Bank Routing # _____

Bank Account # _____

Type of Account: **Checking_____ Savings_____

****If you will be having direct deposit to a checking account,
you must include a "void check" on which the pension recipient's
name is imprinted on the check.**

Bank Address: _____

I understand the City of Newton/Newton Retirement System retain the right to recoup, directly from my bank, any pro-rated monthly amount due them as a result of my death.

Signature

Date

Mailing Address

Please note: Any new direct deposit request or change in your direct deposit information (i.e. new account number) will take two payroll periods to take effect. Therefore, for the next payroll issued, you will receive a **check** at the above mailing address. Direct deposit will begin/resume the following month. ***It is your responsibility to inform the Retirement Office of any change in your bank account information as your bank does not inform us.***

TO BE COMPLETED BY RETIREMENT OFFICE STAFF:

Effective Date: _____

Pentamation Employee # _____

Pre-Note Status: _____

Bank Code _____ Trans. Code _____