

**Town of Saugus Retirement System
Electronic Direct Deposit
Enrollment Form**

As a Town of Saugus Retiree or Survivor, you must have your Retirement Allowance automatically deposited into your checking and/or savings account(s) each month.

This authorization gives the Town of Saugus Retirement System and your banking institution(s) the authority to deposit your pay to your account(s) as requested below.

I authorize the Town of Saugus Retirement System, and the banking institution(s) shown below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries which were incompletely funded by the Town or for any credit entries otherwise in error to my account(s) shown below on each pay day:

Primary Bank Name: _____
(Your net pay will be deposited here)

Address: _____

Account #: _____ Routing #: _____
_____ Checking or _____ Savings

OR

Additional Account # 1

Additional Account # 2

Bank Name: _____

Bank Name: _____

Address: _____

Address: _____

Account #: _____

Account #: _____

Routing #: _____

Routing #: _____

_____ Checking or _____ Savings

_____ Checking or _____ Savings

Amount \$ _____

Amount \$ _____

Please attach a voided or photocopied check or savings deposit slip for verification of all banking information. You need to check off the account type to indicate whether your funds will be deposited into a checking or savings account.

The Retiree or Survivors name MUST be on the account or the transaction will NOT be processed.

Retiree Name

Power of Attorney Name (if applicable)

Retiree Signature

Power of Attorney Signature (if applicable)

Date