

Beverly Contributory Retirement Board
Direct Deposit Form

191 Cabot Street, Beverly, Massachusetts Telephone: (978) 605- 2370 Fax: (978) 921 8582

I authorize you and the financial institution listed below to deposit my pay automatically. This authority will remain in effect until I have voided it in writing. I hereby also authorize drafts to adjust any over- deposits which were credited to my account.

Retiree Name: _____

Department No.: _____ **Employee No.:** _____

TYPE OF ACCOUNT: **CHECKINGS** **SAVINGS**

\$ AMT OR % TO DEPOSIT: _____

Bank/ Financial Institution : _____

Transit/ Routing Number: _____

Account Number: _____

Retiree Signature _____ **Date** _____

**** Your deposit will not be processed unless a voided check is attached to this form. ****

ATTACH VOIDED CHECK HERE FOR THIS ACCOUNT