

AUTOMATIC PENSION DEPOSIT AUTHORIZATION

Directions:

1. If you change banks or account numbers, please notify the Pension Office as soon as possible.
 2. Please allow one to two months after we receive this form for your automatic deposit to begin.
 3. **Return a voided check with this completed form. Failure to do so will delay the process. This check must have your name preprinted on it. (It cannot be a "starter check.")**
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Bank or Financial Institution

City and State

Retiree Name

Social Security Number

Telephone Number

Checking Savings

Account Number

I authorize you and the bank or financial institution listed above to deposit my net pay automatically to my account at the beginning of each month. I additionally authorize my account to be debited for pay deposited but not due.

I agree that in no event shall the County or its depository bank be liable for indirect or consequential monetary damages resulting from direct deposit.

This authority and agreement will remain in effect until I have canceled it in writing or am no longer receiving pension benefits.

Signature

Date

Please return form to: DeKalb County Risk Management
Pension Administration
1300 Commerce Drive, 4th Floor
Decatur, GA 30030

or fax to: (404) 371-4992