

TOWN OF PLYMOUTH RETIREMENT SYSTEM

10 Cordage Park Circle
Suite 240

Plymouth MA 02360

(508) 830-4170

(508) 830-4019 Fax

SECTION I: To be Completed by Retiree

To the Town of Plymouth Retirement Director:
I hereby authorize you to make electronic deposits of my monthly benefit payment to the financial institution named and to the designated account as stated below:

Bank Name: _____

Bank Address: _____

Type of Account: Checking _____ Savings _____

Retiree Name: _____

Address: _____

Social Security #: _____

Telephone #: _____

Signature for Authorization: _____

Section II: To be Completed by Financial Institution

Name & Address of Financial Institution: _____

Telephone #: _____

Payee's Account #: _____

Bank Routing #: _____

I confirm that the identity of the above named payee, account number and bank routing number are correct to the best of my knowledge.

Name of Bank Representative: _____ Date: _____