

Direct Deposit Authorization

RETURN THIS FORM TO:
City of Aurora General Employees' Retirement Plan
12100 East Iliff Avenue, Suite 108
Aurora, Colorado 80014
(303) 368-9160

Name: _____ Social Security #: _____-_____-_____

I hereby request all payments from my pension plan to be deposited in my account indicated below until such time as this authorization is revoked in writing.

Retiree Signature: _____ Date: _____

THE FOLLOWING IS TO BE COMPLETED BY RETIREE'S FINANCIAL INSTITUTION, OR A VOIDED CHECK FROM THE ACCOUNT MAY BE ATTACHED

CHECK ONE ONLY:

Savings account Checking account

Bank Routing Number: _____-_____-_____

Payee Account Number: _____

Bank Name: _____

Address: _____

Name of Bank Representative completing this form

Date