

EMPLOYEES' RETIREMENT SYSTEM OF THE CITY OF MONTGOMERY ALABAMA

DIRECT DEPOSIT AUTHORIZATION

To sign up for Direct Deposit, the benefit recipient is to read the back of this form and fill in the information requested in SECTION 1. Then take or mail this form to the financial institution. The financial institution should verify the information in SECTION 1 and complete SECTION 2. **The completed form is to be returned to the Retirement Office.** NOTE: Benefit recipients must keep the Retirement office informed of changes in their home mailing addresses in order to receive important information about retirement matters.

Section 1 - TO BE COMPLETED BY BENEFIT RECIPIENT (RETIREE)

A. NAME OF RETIREE (BENEFIT RECIPIENT)	F. TYPE OF ACCOUNT: _____CHECKING _____SAVINGS
B. SOC SEC NUMBER OR RETIREE ID NUMBER	G. ACCOUNT NUMBER
C. ADDRESS	H. AMOUNT OR PERCENTAGE OF PAYMENT TO THIS ACCOUNT: NET
D. CITY	I. TELEPHONE NUMBER (INCLUDE AREA CODE)
E. STATE ZIP	JOINT ACCOUNT HOLDER'S CERTIFICATION I CERTIFY THAT I HAVE READ AND UNDERSTAND THE BACK OF THIS FORM INCLUDING THE SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS
I CERTIFY THAT I HAVE READ AND UNDERSTAND THE BACK OF THIS FORM. I AUTHORIZE MY BENEFIT TO BE SENT TO THE FINANCIAL INSTITUTION NAMED BELOW TO BE DEPOSITED TO THE DESIGNATED ACCOUNT.	NAME OF JOINT ACCOUNT HOLDER (PLEASE PRINT)
X	
SIGNATURE OF RETIREE/BENEFICIARY	SIGNATURE OF JOINT ACCOUNT HOLDER

Section 2 - TO BE COMPLETED BY FINANCIAL INSTITUTION

(NOTE: YOU MAY ATTACH A VOIDED CHECK IN LIEU OF TAKING THIS FORM TO YOUR FINANCIAL INSTITUTION)

NAME AND MAILING ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER
	ACCOUNT NUMBER
	ACCOUNT HOLDER'S NAME(S)
FINANCIAL INSTITUTION CERTIFICATION I CONFIRM THE IDENTITY OF THE ABOVE NAMED BENEFIT RECIPIENT AND THE ACCOUNT NUMBER AND TITLE. AS A REPRESENTATIVE OF THE ABOVE NAMED FINANCIAL INSTITUTION I CERTIFY THAT THE FINANCIAL INSTITUTION AGREES TO RECEIVE AND DEPOSIT THE PAYMENT IDENTIFIED ABOVE IN ACCORDANCE WITH THE FINANCIAL INSTITUTION AGREEMENT ON THE BACK OF THIS FORM.	
NAME OF REPRESENTATIVE (PLEASE PRINT)	SIGNATURE OF REPRESENTATIVE
TELEPHONE NUMBER (INCLUDE AREA CODE)	DATE

RETURN THIS FORM TO

EMPLOYEES' RETIREMENT SYSTEM
CITY OF MONTGOMERY
P O BOX 1111
MONTGOMERY AL 36101-1111

FAX (334) 625-2110

PLEASE READ THIS CAREFULLY

All information on this form is required. The information will be used to process payment data from the Employees' Retirement System of the City of Montgomery to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Employees' Retirement System of the City of Montgomery and the financial institution of the death of a recipient. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Employees' Retirement System who will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by written notice to the Employees' Retirement System of the City of Montgomery or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so. The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Employees' Retirement System of the City of Montgomery if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Employees' Retirement System of the City of Montgomery.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The recipient's Direct Deposit will continue to be received by the selected financial institution until the Employees' Retirement System of the City of Montgomery is notified by the recipient that the recipient wishes to change the financial institution receiving the Direct Deposit. To effect this change, the recipient will complete a new Direct Deposit Form at the newly selected financial institution and send it to the Retirement Office. It is recommended that the recipient maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the recipient's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.