



# AUTHORIZATION FOR DIRECT DEPOSIT OF RETIREMENT PAYMENT

Pensioner Name:		Last 4 SSN:	
Address:	City:	State:	Zip Code:
Phone (select type): Mobile Home	Email:		

## FINANCIAL INSTITUTION INFORMATION

Financial Institution Name:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Depositor Routing Number:	Depositor Account Number:

## REQUIRED DOCUMENTS: Please indicate the documentation you are submitting with this form.

For deposits to a Checking Account: I have attached to this form	<input type="checkbox"/> a VOIDED personalized check	<input type="checkbox"/> verification from my financial institution
For deposits to a Savings Account: I have attached to this form	<input type="checkbox"/> verification from my financial institution	

## PENSIONER'S AUTHORIZATION

I hereby authorize the City of Cincinnati Retirement System (CRS) to initiate electronic credit entries, and, if necessary, debit entries to reverse erroneous credits, to my account at the financial institution as indicated on my voided check or as certified by my financial institution to credit and /or debit the same to such account.

I understand that payment of a CRS monthly pension benefit is only through direct deposit and can only be issued to a single checking or a single savings account. Payments to multiple accounts and/or Resident Trust Fund accounts are not permitted. I understand that the account that I have designated for the direct deposit of my monthly pension benefit must be titled in my name and my Social Security Number. I understand that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the National Automated Clearing House Association (NACHA) regulations.

This authority shall remain in full force and effect until the CRS has received a newly executed Direct Deposit Authorization form from me in such time and in such manner as to afford the CRS and financial institution a reasonable opportunity to act upon it. Receipt in the Retirement Office, Room 328, City Hall, 801 Plum Street, Cincinnati, OH 45202, of notification of such change thirty (30) days prior to pay date will ensure timely processing. I understand that the CRS may periodically require renewal authorizations to keep this agreement in effect.

PENSIONER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR YOUR CONVENIENCE:**  
 The sample check below shows where to locate the required bank information to complete your Direct Deposit.

My Name: \_\_\_\_\_ 1152  
 My Address: \_\_\_\_\_  
 My City, State, Zip: \_\_\_\_\_ Date: \_\_\_\_\_

Pay to the order of: \_\_\_\_\_ \$ \_\_\_\_\_  
 Dollars

**BANK COMPANY** | Bank Address: \_\_\_\_\_  
 Bank City, State, Zip: \_\_\_\_\_

Memo: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

|: 00186286 |: 0029389047 | 1152

9 Digit Bank Routing Number | Your Account Number | Check Number

State of Ohio }  
 Hamilton County } SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me the said \_\_\_\_\_ (Name) known to me to be the person who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in this document are true.

\_\_\_\_\_  
 Signature of Notary Public (SEAL)

**RETURN ORIGINAL NOTARIZED FORM TO THE CINCINNATI RETIREMENT SYSTEM**