



**AUTHORIZATION FOR DIRECT DEPOSIT OF RETIREMENT BENEFIT**

<b>Name:</b>				
<b>Address:</b>				
<b>City:</b>		<b>State:</b>		<b>Zip:</b>
<b>Phone:</b>		<b>Email:</b>		
<b>SS#:</b>		<b>(Last 4 Digits only)</b>		
<b>Name of (FIRST) Financial Institution:</b>				
<b>AMOUNT \$</b>				
<b>Routing #:</b>		<b>Account #:</b>		
<b>Please select only ONE account for deposit.</b>	<b>Checking</b>	<input type="checkbox"/>	<b>Voided Check attached</b>	<input type="checkbox"/>
	<b>Voided check must be attached for checking account deposit.</b>			
<b>Name of (SECOND) Financial Institution:</b>				
<b>AMOUNT \$</b>				
<b>Routing #:</b>		<b>Account #:</b>		
<b>Please select only ONE account for deposit.</b>	<b>Checking</b>	<input type="checkbox"/>	<b>Voided Check attached</b>	<input type="checkbox"/>
	<b>Voided check must be attached for checking account deposit.</b>			
<b>PLEASE INDICATE NAME, ADDRESS &amp; TELEPHONE NUMBER OF ALL NAMES ON ACCOUNT (ATTACH SEPARATE PIECE OF PAPER IF MORE NAMES NEED TO BE ADDED.)</b>				
<b>NAME</b>		<b>ADDRESS</b>		<b>TELEPHONE</b>
1.				
2.				
3.				
<p><b>I hereby authorize the Middlesex County Retirement System to deposit my retirement benefit into my account at the financial institution named above. I also authorize the Middlesex County Retirement System to debit or credit my account in order to adjust for any over or under deposits which it has made to my account in error. I hereby authorize the financial institution named above to credit and/or debit the same account.</b></p>				
<p><b>This authority is to remain in full force and effect until I provide the Middlesex County Retirement System written notification of its termination, and for an additional period of 30 days.</b></p>				

Signature (required)

Date

**DIRECT DEPOSIT IS MANDATORY AS OF JANUARY 1, 2014**