



*Commonwealth of Massachusetts*  
**MIDDLESEX COUNTY RETIREMENT SYSTEM**  
 25 LINNELL CIRCLE • P.O. BOX 160 • BILLERICA, MA 01865  
 WWW.MIDDLESEXRETIREMENT.ORG

*Over 100 Years of Public Service*

**CHAIRMAN**  
 THOMAS F. GIBSON, ESQ.

BRIAN P. CURTIN

JOSEPH W. KEARNS

JOHN BROWN

ROBERT W. HEALY

**Chief Administrative Officer**  
 LISA MALONEY, ESQ.

**AUTHORIZATION FOR DIRECT DEPOSIT**

Please note: Original forms with signature are required for processing and must be mailed to the address above. Please **DO NOT** scan, e-mail, or fax this form.

NEW REQUEST

CHANGE REQUEST

Name:		SSN: (Last 4 Digits Only)	
Address:			
City, State, ZIP Code:			
Phone:		E-Mail:	

I hereby authorize the Middlesex County Retirement System to deposit my retirement benefit into my account at the financial institutions named below. 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(s) named below to credit and/or debit the same account.

**PRIMARY ACCOUNT (Please note, your primary account defaults to your net pay)**

Depository Name (Bank):	Account Type (If Checking, a voided check <u>MUST</u> be attached):
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number:	Account Number:

I elect to have part of my retirement benefit put into the following account:

**OPTIONAL SECONDARY ACCOUNT**

Depository Name (Bank):	Account Type (If Checking, a voided check <u>MUST</u> be attached):
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number:	Account Number:

Amount to Deposit:     \$ \_\_\_\_\_ (Fixed Amount)

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.

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Signature (required)

Date