City of Pontiac Reestablished
General Employees' Retirement System
AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT

Please read this form carefully and write clearly.
For automatic direct deposit you must:
1. Already have the account set up at your bank.
2. Find out if they accept direct deposits. Verify the bank's transit # (TBA) and your account #.
3. Notify the bank that you are going to set up direct deposit through Retirement. Make sure that there are no special procedures to do at the bank.

Please return this form to the Retirement Office with a voided check from your checking account or a deposit form from your savings account to **Retirement Office, 2201 Auburn Rd. – Suite B, Auburn Hills, MI 48326**.
Visit us at: www.pontiacgers.org

Please check the appropriate action and fill out all accompanying information:
_____ A new account **or**
_____ A new account to replace a direct deposit already set up

1st Bank Name _____   Bank Account # _____

Bank TBA # _ _ _ _ _ _ _ _ _   **/** Checking ___   Saving ___ / Full Deposit ___   or Partial $_____

2nd Bank Name _____   Bank Account # _____

Bank TBA #   _ _ _ _ _ _ _ _ _   **/** Checking ___   Saving ___ / Full Deposit ___   or Partial $_____

_____ Canceling account

Account # _____

_____Direct deposit already set up, changing $ amount only

Account # _____

Full Deposit ___   Partial Deposit $_____

I authorize the Pontiac Retirement System, ADP and the bank(s) herein listed to deposit my pay as indicated above into my account each payday.
I will not close an account without first notifying the retirement office.
If funds to which I am not entitled are deposited to my account, I authorize the Pontiac Retirement System and ADP to direct the bank to return said funds.
I understand that my deposit may not be credited to my account until 5:00 p.m. on the pay date indicated on the pay voucher.

I UNDERSTAND THAT IN ODER TO ALLOW TIME FOR ADP TO VERIFY THE ABOVE INFORMATION, THE FIRST PAYMENT THAT I RECEIVE AFTER SETTING UP OR CHANGING MY ACCOUNT WILL BE A CHECK THAT I WILL NEED TO DEPOSIT. SUBSEQUENT PAYMENTS WILL BE DEPOSITED INTO MY ACCOUNT.

Retiree Signature: _____

Retiree Name (Printed): _____   Date: _____

Social Security No: ___XXX-XX-_____
Please record last 4 digits of social security number