

## Direct Deposit Authorization

### RETURN THIS FORM TO:

City of Aurora General Employees' Retirement Plan  
12100 East Iliff Avenue, Suite 108  
Aurora, Colorado 80014  
auroragerp@qwestoffice.net  
(303) 368-9160  
(303) 368-9181(fax)

I hereby request all payments from my pension plan be deposited in my account indicated below until such time as this authorization is revoked in writing.

\_\_\_\_\_  
**Name** (Please Print)

\_\_\_\_\_  
**Social Security #**

\_\_\_\_\_  
**Payee's Signature**

\_\_\_\_\_  
**Date**

-----  
**Attach a Voided Check here** or have a bank representative fill out the following information and sign below. (No deposit slips please)

Deposits to Savings Accounts require that this form is completed by your financial institution.

### CHECK ONE ONLY:

**Checking account**

**Savings account**

**Bank Name** \_\_\_\_\_

**Bank Address** \_\_\_\_\_

**Bank Routing Number** \_\_\_\_\_

**Payee Account Number** \_\_\_\_\_

\_\_\_\_\_  
**Name of Bank Representative completing this form**

\_\_\_\_\_  
**Date**