

Direct Deposit Authorization

RETURN THIS FORM TO:

City of Aurora General Employees' Retirement Plan
12100 East Iliff Avenue, Suite 108
Aurora, Colorado 80014
info@auroragerp.org
(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