

# AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT MONTHLY PENSION BENEFIT



## INSTRUCTIONS

- 1) Payment of a monthly pension benefit through direct deposit can only be issued to a single checking or single savings account. Payments to multiple accounts are not permitted.
- 2) The designated account must be titled in the Pensioner's name and Social Security Number.
- 3) Attach your voided check. The direct deposit of your monthly pension benefit will be issued to the financial institution's routing number and account number indicated on your check or as indicated by your financial institution.
- 4) If direct deposit is requested for a savings account, or if printed checks with your name and information are not available, certification by your financial institution is required.
- 5) If you want to change the account number or financial institution for the direct deposit of your monthly pension benefit, you must complete a new CRS direct deposit authorization form.

## BANK ACCOUNT INFORMATION

Savings     Checking    (please select only one)

FINANCIAL INSTITUTION NAME \_\_\_\_\_

## CERTIFICATION OF MEMBER'S FINANCIAL INSTITUTION

I certify that the account owner, Social Security Number, routing/transit number and account number are valid and accurate for the below named individual.

ACCOUNT OWNER NAME \_\_\_\_\_

ACCOUNT OWNER SOCIAL SECURITY NUMBER \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_

BANK ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

OFFICIAL'S NAME \_\_\_\_\_

OFFICIAL'S TITLE \_\_\_\_\_ PHONE # \_\_\_\_\_

OFFICIAL'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PENSIONER'S AUTHORIZATION

I hereby authorize the City of Cincinnati Retirement System (CRS) to initiate electronic credit entries, and, if necessary, debit entries to reverse erroneous credits, to my account at the financial institution as indicated on my voided check or as certified by my financial institution to credit and /or debit the same to such account.

This authority shall remain in full force and effect until the CRS has received written notification from me of its termination in such time and in such manner as to afford the CRS and financial institution a reasonable opportunity to act upon it. Receipt in the Retirement Office, Room 328, City Hall, of such notification thirty (30) days prior to pay date will ensure timely processing. I understand that the CRS may periodically require renewal authorizations to keep this agreement in effect.

DATE \_\_\_\_\_

PENSIONER NAME \_\_\_\_\_ SOC SEC# \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

PENSIONER'S SIGNATURE \_\_\_\_\_

State of Ohio }  
Hamilton County } SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me the said \_\_\_\_\_ (Name) known to me to be the person who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in this document are true.

\_\_\_\_\_  
Signature of Notary Public (SEAL)