

Reset Form

TOWN OF WELLESLEY CONTRIBUTORY RETIREMENT SYSTEM
DIRECT DEPOSIT AUTHORIZATION AGREEMENT (ACH CREDITS)

Name of retiree or person receiving payment:

Mailing address:

City, State, Zip Code:

PRIMARY DIRECT DEPOSIT ACCOUNT

Please deposit my monthly pension check from the Town of Wellesley Contributory Retirement System into the bank or credit union named below. Please attach a VOIDED CHECK.

Table with 2 columns: NAME OF BANK/CREDIT UNION, CITY, STATE, ZIP CODE; ROUTING NUMBER, ACCOUNT NUMBER; TYPE OF ACCOUNT (Checking or Now, Savings, Credit Union-Checking, Credit Union-Savings)

ADDITIONAL ACCOUNT (Optional)

NAME OF BANK/ CREDIT UNION:

ROUTING #:

ACCOUNT #:

DEPOSIT AMOUNT:

TYPE OF ACCOUNT: [] Checking or Now [] Savings [] Credit Union- Checking [] Credit Union- Savings

I hereby authorize the Town of Wellesley Contributory Retirement System to deposit my monthly pension check to my account at the financial institution names above. Also, the Town of Wellesley Contributory Retirement System is authorized to adjust any over deposit made by the system to my account. I will not hold the financial institution named above for any erroneous deposits or adjustments made by the System named. This authorization is to remain in full force and effect until the Town of Wellesley Contributory Retirement System has received written notification from me of its termination in such to me and manner as to afford the Town of Wellesley Contributory Retirement System and participating financial institution(s) a reasonable opportunity to act on it.

Name:

Signature: Date:

Town of Wellesley Contributory Retirement System • 525 Washington Street • Wellesley, MA 02482