

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

Name of retiree or
person receiving payment: _____

Mailing address: _____

Current phone number: _____ Email: _____

PRIMARY DIRECT DEPOSIT ACCOUNT

Please deposit my monthly pension check from the Town of Milford Contributory Retirement System into the bank or credit union named below.

NAME OF BANK/CREDIT UNION	CITY, STATE, ZIP CODE
ROUTING NUMBER	ACCOUNT NUMBER
TYPE OF ACCOUNT:	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Checking or Now <input type="checkbox"/> Credit Union– Checking</div><div><input type="checkbox"/> Savings <input type="checkbox"/> Credit Union– Savings</div></div>

ADDITIONAL ACCOUNT

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 Milford Contributory Retirement System to deposit my monthly pension check to my account at the financial institution(s) named above. Also, the Town of Milford 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 Milford Contributory Retirement System has received written notification from me of its termination in such time and manner as to afford the Town of Milford Contributory Retirement System and participating financial institution(s) a reasonable opportunity to act on it.

Name: _____ Last 4 SS#: _____

Signature: _____ Date: _____

**Please attach a VOIDED CHECK or DIRECT DEPOSIT FORM from your bank detailing the routing and account
information for each account listed.**