

City of Kalamazoo Employees' Retirement System Direct Deposit Authorization

I authorize the City of Kalamazoo Employees' Retirement System, or its agent, State Street Bank, to deposit my retirement allowance to the financial institution below. I also authorize the Retirement System, or its agent, State Street Bank to initiate correcting transactions to the accounts at the financial institution listed below for any credit entries transmitted in error. This authorization will remain in full force and effect until the Retirement System has received written notification revoking this election.

Please complete the following information including account number and the ABA number of your financial institution.

NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

CHECK ONE:

CHECKING

SAVINGS

ACCOUNT NUMBER

ABA NUMBER (9 DIGIT TRANSIT ROUTING NUMBER)

NAME

Last 4 digits of social security number

MAILING ADDRESS

CITY, STATE, ZIP

SIGNATURE

RETURN TO:

City of Kalamazoo Employees' Retirement System
241 West South Street
Kalamazoo MI 49007-4796
269-337-8472

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM