

**DUKES COUNTY CONTRIBUTORY
RETIREMENT SYSTEM**

9 AIRPORT ROAD, SUITE 1
Vineyard Haven, MA 02568
Phone: (508) 696-3846
Fax: (508) 696-3847

AUTHORIZATION FOR DIRECT DEPOSIT OF RETIREMENT BENEFIT

SECTION A: (required)

Name:			
Street Address:			
City:		State:	
Social Security No: (Last Four Digits Only)		XXX-	XX-
Zip:			
Telephone No:			

SECTION B: (required)

Name of Financial Institution:									
Names on Account:									
Routing /Transit No:									
Depositor Account No:									
Please Check Appropriate Box: <input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account									
IF BEING DEPOSITED INTO A CHECKING ACCOUNT PLEASE INCLUDE A VOIDED CHECK									
<input type="checkbox"/> Voided Check Attached									

PLEASE SIGN BELOW: (required)

"I, _____, hereby authorize Dukes County contributory Retirement to deposit my retirement benefit into my account at the financial institution named above. The Dukes County Retirement System is also authorized to debit or credit my account, to adjust any over deposit which it has caused to be made to my account. This authorization will remain in effect until revoked.

I certify that I am the person entitled to receive the payment under this application. I also certify that the information herein provided is accurate to the best of my knowledge."

X _____, _____
Signature Date