

# FRANKLIN REGIONAL RETIREMENT SYSTEM

278 MAIN STREET, SUITE 311 GREENFIELD, MASSACHUSETTS 01301-3230  
TELEPHONE: 413-774-4837 FAX: 413-774-5677

## Direct Deposit Mandatory for All Retirees

Instructions: Please fill in the following information and return this form to the above address. You will receive a "Notice of Deposit" the first month you receive a benefit, in the months of July and December, and any other month in which a change to your benefit occurs.

Please check one:            New                                Change   

I, \_\_\_\_\_ request and authorize the Franklin Regional Retirement System, to make a direct deposit of my net retirement pay to the below named bank(s) and indicated account(s), by initiating a credit entry for any amounts owing to me. **I understand that my net retirement pay will be credited to my account(s) on the 30th of each month or the last business day prior to the 30th if the 30th falls on a weekend or holiday.**

### Account Information

Bank Name: \_\_\_\_\_

Account:            ABA(bank) No. \_\_\_\_\_ Account (you)No \_\_\_\_\_

Please check one:    Checking        Savings        Amount \_\_\_\_\_

*\*Required: please attach official documentation showing account number and bank name, e.g. voided check or copy of check, bank statement, letter or memo from bank.*

Bank Name: \_\_\_\_\_

Account:            ABA(bank) No. \_\_\_\_\_ Account (you)No \_\_\_\_\_

Please check one:    Checking        Savings        Amount \_\_\_\_\_

*\*Required: please attach official documentation showing account number and bank name, e.g. voided check or copy of check, bank statement, letter or memo from bank.*

I agree that if the Franklin Regional Retirement System credits an unearned or erroneous payment to my account, I will immediately repay the Franklin Regional Retirement System the full amount of such unearned or erroneous pay.

I further agree that if I do not repay such unearned pay, I will be personally liable for all costs of collection, including reasonable attorney's fees incurred by the Franklin Regional Retirement System in the collection of such unearned pay, together with the maximum interest or late charges permitted by law.

Retiree Signature: \_\_\_\_\_ Last Four of Social Security No.: \_\_\_\_\_

Date: \_\_\_\_\_