CITY OF GRAND RAPIDS GENERAL RETIREMENT SYSTEM

AUTHORIZATION FOR AUTOMATIC DIRECT DEPOSIT

For questions, please contact the Retirement Systems Office at (616) 365-5015

Please complete this form. When finished, please return the form along with a voided check or deposit slip for each account that has the routing number and account number preprinted on it. Send to the Retirement Systems Office at 233 E. Fulton St., Suite 216, Grand Rapids, MI 49503.

Name: Address:

Phone Number: SSN: XXX-XX-

You may request Direct Deposit for up to three separate accounts.

Distribution Order[a]	Electronic Payment Type	Bank Name	Transit Routing Number[b]	Account Number[c]	Amount Deposited	New or Change
1	☐Checking ☐Savings				**NET**	☐New ☐Change
2	☐Checking ☐Savings				$	☐New ☐Change
3	☐Checking ☐Savings				$	☐New ☐Change

[a]**Distribution Order** - indicates the order in which you wish these deposits processed.

[b]**Transit Routing Number** – the first 9 digits on the bottom of the check. If the deposit applies to a savings account, check with your financial institution for the number.

[c]**Note to Michigan First C.U. Members –** You may only specify one account number. Contact the credit union if you would like funds to go into a 2nd or 3rd Michigan First account.

I certify that I have read, understood, and agreed and hereby authorize the City of Grand Rapids General Retirement System to electronically deposit my payments with the financial institution(s) named above, in the following designated account(s), on each periodic payment date. If monies to which I am not entitled are deposited in my account, I authorize the City of Grand Rapids General Retirement System to direct my financial institution to return the excess funds. I understand this authority will remain in effect until I give written notification of any changes and/or withdrawal from the Direct Deposit Program.

Signature:_____   Date:_____

FOR OFFICE USE ONLY

Northern Trust change date_____   Approved by_____   Date_____

Scan Date_____