CITY OF GRAND RAPIDS POLICE & FIRE 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.

Address:

Name:

| | iber: | SSN: XXX-XX- | | | | | |
|--|--|---|---|--|--|--|--|
| You may re | equest Direct I | Deposit for up to th | nree separate a | ccounts. | | | |
| Distribution Order ^a | Electronic Payment Type | Bank Name | Transit R Number ^b | outing | Account Number ^c | Amount Deposited | New or Change |
| 1 | Checking | | | | | NET | □New |
| | □Savings | | | | | | □Change |
| 2 | Checking | | | | | \$ | □New |
| | □Savings | | | | | | □Change |
| 3 | Checking | | | | | \$ | □New |
| | □Savings | | | | | | □Change |
| account, cleaning on each per Grand Rapi | heck with you lichigan Firsunds to go into I have read, uncally deposit myriodic payment ds General Re | r financial institution t C.U. Members — a 2 nd or 3 rd Michigan derstood, and agree y payments with the date. If monies to etirement System to | on for the number You may only so a First account. The dand hereby authorized and hereby authorized institution which I am not direct my financial | thorize the Ction(s) namedentitled are colored | ccount number. Contact city of Grand Rapids Ger d above, in the following deposited in my accoun n to return the excess ges and/or withdrawal | neral Retiremen designated ac t, I authorize the | on if you ont System account(s), one City of stand this |
| Signature: | | | Date: | | | | |
| | | | FOR OFFICE | USE ONLY | | | |
| Northern Tru | st change date_ | Ap | proved by | Date | | | |
| | | | | | | | |