

INSTRUCTIONS FOR COMPLETION OF THE AUTHORIZATION FORM:

List the name of the financial institution including the branch office and address. If you will be depositing to A checking account, attach a **blank voided check** to the authorization form. Your voided check has the **transit /aba** number and your account number on it. **We cannot process your request without the voided check!**

If you will be depositing to a savings account, please bring the authorization form to your bank for the correct **transit/aba number** and write in your account number in the space provided.

If you are depositing to a joint account, please have all individuals authorized to sign on the account complete the bottom of the form.

If you sign up for this service, you will be notified four times a year (March, June, September, and December) of your direct deposit transactions.

If you have any questions regarding this service, please contact our office at **(508)775-1110** and we will be happy To assist you.

PLEASE MAIL THE FORM TO: **BARNSTABLE COUNTY RETIREMENT
750 ATTUCKS LANE
HYANNIS, MA 02601**

RETURN THIS COPY TO THE RETIREMENT OFFICE

AUTHORIZATION AND AGREEMENT FOR ELECTRONIC PAYMENTS

I (we) here by authorize the BARNSTABLE COUNTY RETIREMENT ASSOCIATION to initiate electronic entries as specified below to my (our) account listed below, and, if necessary, reversal entries and adjustments for any erroneous entries made to said account. Further, the Financial Institution named below (hereinafter "Depository") is hereby authorized to complete such electronic entries to such account.

FINANCIAL INSTITUTION

BRANCH

ADDRESS

TRANSIT/ABA NUMBER

ACCOUNT NUMBER

TYPE OF ACCOUNT (circle one)

CHECKING

SAVINGS

This authorization is to remain in full force and in effect until revoked in writing, I (we) agree that this authorization is solely between BARNSTABLE COUNTY RETIREMENT ASSOCIATION and me (us), and that the Originating Depository Financial Institution through which BARNSTABLE COUNTY RETIREMENT ASSOCIATION initiates any entry under this Authorization is under no responsibility to me (us). I (we) agree to notify BARNSTABLE COUNTY RETIREMENT ASSOCIATION promptly if the Account listed above is closed or is no longer permitted to accept electronically initiated entries. The BARNSTABLE COUNTY RETIREMENT ASSOCIATION is authorized to provide copies of this Authorization to the Originating and Receiving Depository Financial Institutions, upon their request. I (we) have received a completed copy of the Authorization.

NAME (print)

Social Security Number

NAME (print)

Social Security Number

X

SIGNATURE

X

SIGNATURE

DATE

() _____
Telephone Number