



Authorization For Direct Deposit of Retirement Benefits

To Be Completed By Participant/Retiree/Beneficiary (Please print):

SSN _____

I, _____, authorize and request that the retirement benefits that I am entitled to receive as a terminated employee, retiree or beneficiary of Board of Washington County Commissioners be deposited directly into the account at the depository bank designated below. (Company Name)

I hereby authorize and direct depository bank to debit my account if any payments are made subsequent to my death, and to refund said payments to Manufacturers & Traders Trust Company (M&T Bank) as disbursing agent. I further authorize the disbursing agent to initiate debits to my account for deposits made after my death and for deposits made in error.

I understand I have the right to revoke and cancel this authorization. Such revocation or cancellation will take effect when I notify the disbursing agent in writing.

Signature of Account Holder /Retiree/Beneficiary:

_____ Date _____

Additional Account Holder Signature (required, if joint account):

_____ Date _____

Address of Terminated Employee/Retiree/Beneficiary:

Street / P.O. Box Number _____

City _____ State _____ Zip Code _____

Telephone Number () _____

Attach "Voided" Check

Note: Any attachment must include the Bank Routing and Account Number and a Pre-Printed Account Holders Name(s).

If a voided check is unavailable, please have your financial institution complete the following:

Name of Depository Bank: _____

Address of Depository Bank:

Street / P.O. Box Number _____

City _____ State _____ Zip Code _____

Telephone Number () _____

Account Number: _____ Account Type: Checking Savings

Name(s) on Account: _____

Depository Bank ABA Routing No. and Check Digit: _____

Authorized Signature of Depository Bank Representative:

_____ Date _____

Title: _____

If you have any questions, please contact M&T Bank at 1-800-836-1431