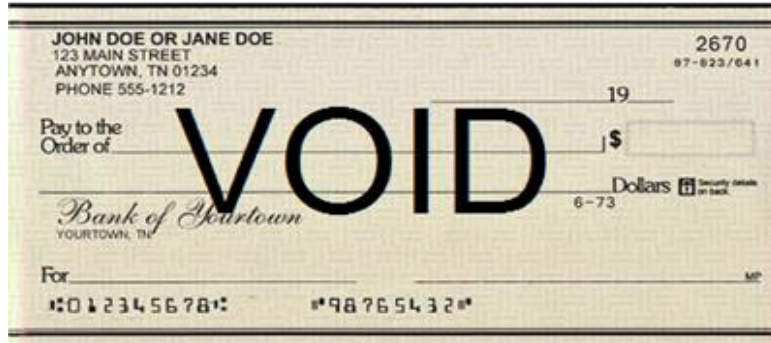




SALEM CONTRIBUTORY RETIREMENT BOARD



Direct Deposit Agreement Form

Authorization Agreement

I, , hereby authorize the Salem Contributory Retirement Board to initiate automatic deposits to my account at the financial institution named below. I also authorize the Salem Contributory Retirement Board to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the Salem Contributory Retirement Board responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the Salem Contributory Retirement Board receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Retirement Board office.

Account Information

Name of Financial Institution: _____
Routing Number: _____
Account Number: _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____
Authorized Signature (Joint): _____ Date: _____