



Salem Contributory Retirement Board
20 Central Street, Suite 110
Salem, MA 01970
Phone number (978) 745-8983 * Fax number (978) 745-4216

DIRECT DEPOSIT AUTHORIZATION FORM

Please complete this form if you wish to change your bank and/or account where you would like your direct deposit to go to. Please keep your old account open until you know that your new bank/account has received your first deposit.

Section 1 – Member Information

Name _____ SS# XXX - XX - _____

Address _____

City _____ State _____ Zip Code _____

Home Phone(_____) _____ - _____ Cell Phone(_____) _____ - _____

E-mail _____

Section 2 – Bank Information

Name of Financial Institution _____

All names on account _____

Routing#

Account # _____

Savings account Checking account (please also attach a blank voided check)

Is your direct deposit going to a foreign bank directly or forwarded to a foreign account from a domestic bank? No Yes

Section 3 – Statement and Signature by Member

I hereby authorize the Salem Contributory Retirement Board (SCRB) to electronically deposit my monthly retirement allowance to the bank and account number as stated above. The SCRB is also authorized to make any adjustments, debit or credit, as a result of errors in transfer. This authorization is to remain in full force and in effect until revoked by me in writing to the SCRB.

Applicant's Signature _____ **Date** _____

Joint Account Holder Signature _____ **Date** _____