

City of Flint Retiree Direct Deposit Authorization

To ensure the accuracy of your Direct Deposit, ALL information MUST be completed:
Your Direct Deposit may not be processed otherwise.

To be completed by Retiree:

Name: _____

Address: _____

City State Zip

Social Security Number Telephone No. (IMPORTANT)

To be completed by Financial Institution or Retiree (attach voided check or financial institution form) :

Bank, Credit Union, or Financial Institution Name

Address: _____

City State Zip

Bank Telephone Number: _____ (IMPORTANT)

Account Number: _____

Transit Routing Number: _____

Select one of the following: Checking: _____ Savings: _____

Deposit Full Check: _____ Deposit exact dollar amount: _____

I authorize you and the financial institution listed above to deposit my pay automatically into my account each month. Adjusting entries to correct errors are also authorized. This authority will remain in effect until I have canceled it in writing.

Retiree Signature

Date