

**Town of Saugus Retirement System  
Electronic Direct Deposit  
Enrollment Form**

As a Town of Saugus Retiree or Survivor, you must have your Retirement Allowance automatically deposited into your checking and/or savings account(s) each month.

This authorization gives the Town of Saugus Retirement System and your banking institution(s) the authority to deposit your pay to your account(s) as requested below.

I authorize the Town of Saugus Retirement System, and the banking institution(s) shown below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries which were incompletely funded by the Town or for any credit entries otherwise in error to my account(s) shown below on each pay day:

Primary Bank Name: \_\_\_\_\_  
(Your net pay will be deposited here)

Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

\_\_\_\_\_ Checking or \_\_\_\_\_ Savings

**OR**

Additional Account # 1

Additional Account # 2

Bank Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

Routing #: \_\_\_\_\_

\_\_\_\_\_ Checking or \_\_\_\_\_ Savings

\_\_\_\_\_ Checking or \_\_\_\_\_ Savings

Amount \$ \_\_\_\_\_

Amount \$ \_\_\_\_\_

Please attach a voided or photocopied check or savings deposit slip for verification of all banking information. You need to check off the account type to indicate whether your funds will be deposited into a checking or savings account.

**The Retiree or Survivors name MUST be on the account or the transaction will NOT be processed.**

\_\_\_\_\_  
Retiree Name

\_\_\_\_\_  
Power of Attorney Name (if applicable)

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Power of Attorney Signature (if applicable)

\_\_\_\_\_  
Date