

CITY OF MILPITAS

RETIREE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Instructions:

- 1 - All information must be complete - an incomplete form cannot be processed.
- 2 - For a checking account, please attach a voided blank check.
- 3 - For a savings account, you must contact your bank for the transit number and account number format. The numbers listed on the savings deposit slip are not complete

Bank Information:

New

Change

Bank Name _____

Account Type (circle one): Checking or Savings

Transit/ABA Number _____

Account Number _____

I hereby authorize the City of Milpitas to initiate deposits and, if necessary, correcting entries to the account listed above. This authority is to remain in effect until I revoke it by giving written notice two weeks prior to the effective change.

Last Name: _____

please print

First Name: _____

please print

Signature: _____

Last 4 digits of SSN#: _____

Contact Information:

Address: _____

Phone: _____

Email: _____

FINANCE USE ONLY:

Received:

Entered:

Tested:

DD Effective: