



Manchester Employees' Contributory Retirement System
DIRECT DEPOSIT CANCELLATION FORM

1045 ELM ST STE 403
MANCHESTER, NH 03101-1824
Phone (603) 624-6506
Fax (603) 624-6342

I hereby authorize the Contributory Retirement System to STOP direct deposit of my retirement payment to my account at the financial institution listed below. I understand that this cancellation will be subject to timing constraints and that the Retirement System will do what it can to stop direct deposits as soon as possible.

Note: If you are completing this form as Power of Attorney or guardian for a retiree or survivor, please attach a copy of your Power of Attorney or guardianship papers.

Print Name:	
Address:	Phone:
Name of Financial Institution:	
Signature:	Date:
<p>THIS REQUEST MAY TAKE A MONTH TO BECOME EFECTIVE</p>	

Revised 05/2016