



Manchester Employees' Contributory Retirement System

DIRECT DEPOSIT CHANGE FORM

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

I hereby authorize the Contributory Retirement System to CHANGE direct deposit of my retirement payment to my account at the financial institution listed below to an alternate institution where I have established an account. I understand that this change will be subject to timing constraints and that the Retirement System will do what it can to change direct deposits as soon as possible.

*** There is no option to receive payment by check via the US Mail. ***

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 Existing Financial Institution:	
Name of New Financial Institution:	
Type of Account: <input type="checkbox"/> Checking	Account #: _____
<input type="checkbox"/> Savings	Bank Routing #: _____
Signature:	Date:
<p>TAPE VOIDED CHECK OR DEPOSIT SLIP HERE</p> <p>THIS REQUEST MAY TAKE A MONTH TO BECOME EFFECTIVE</p>	