



City of Ann Arbor Employees' Retirement System

Authorization Agreement for Automatic Deposits

I (we) hereby authorize the City of Ann Arbor Employees' Retirement System to initiate credit entries and/or corrections to previous credits for Pension Benefits to the Financial Institution indicated below to credit with the amounts to:

Retiree/Beneficiary Information:

Name SSN: ____/____/____

Address City State Zip Code

Financial Institution Information:

Name of Institution

Account Number:

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Account Type: Checking Savings

Bank Routing:

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I agree that the payments requested and authorized by me shall continue until I otherwise notify the Payer in writing, and I do hereby discharge the Payer from all liability whatsoever for any payment made to my Bank in accordance with the above request and authorization, and I also hereby discharge my Bank from all liability whatsoever for any amounts properly refunded to the Payer after my death in accordance with the authorization.

Payee's Signature Date

Return form to: City of Ann Arbor
Employees' Retirement System
532 S. Maple Road
Ann Arbor, MI 48103