

ADAMS COUNTY BOARD OF RETIREMENT
4430 SOUTH ADAMS COUNTY PARKWAY
SUITE C3406
BRIGHTON, CO 80601-8202
Phone No. (720) 523-6167 Fax (720) 523-6322

**ADAMS COUNTY RETIREMENT PLAN
DIRECT DEPOSIT AUTHORIZATION FORM**

Part I – Your General Information (please print)

Name _____ Social Security Number _____

Home Telephone (____) _____ Cell Number (____) _____

Mailing Address

Street/P.O. Box/Route

City

State Zip Code

Part II – Account Information (please print)

Name of Financial Institution _____

Address

Street/P.O. Box/Route

City

State Zip Code

Routing Transit Number _____
(Generally, first set of nine numbers on bottom of check)

Account Number _____
(Generally, second set of numbers on bottom of check)

Type of Account Checking Savings

Name(s) Account is Under _____

Part III –Authorization

I hereby authorize the Adams County Retirement Plan, the Retirement Board (and its agents), the retirement fund trustee and the Retirement Plan Administrator (collectively the "Retirement Plan") to initiate credit entries to the account indicated above, and the financial institution named above, to credit the same to such account.

This authorization is to remain in full force and effect until the Retirement Plan has received written notification from me of its termination in such time and manner to afford the Retirement Plan and the financial institution a reasonable opportunity to act on it.

I also authorize the Retirement Plan to make adjustments to my account to correct any transactions made in error. This authorization shall remain in effect until I notify the Retirement Plan to discontinue this payment method. Since I have requested the Retirement Plan to directly deposit by electronic transfer to the above referenced account I hereby authorize the financial institution named above to disclose to the Retirement Plan at any time my address and contact information, and to disclose the names and addresses of all joint owners, signatories, beneficiaries or other persons associated with the above referenced account if I pass away. A photocopy of this signed form shall be sufficient authorization for such disclosure.

Signature of Retiree

Date

PLEASE ATTACH BELOW A BLANK **VOIDED** CHECK FOR THE ABOVE ACCOUNT

VOIDED CHECK
