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	SSN				
Home/Cell Phone ()					
Address	City	State	Zip Code		
Part II - Account Information (please p	print)				
Name of Financial Institution					
Address	City	State	Zip Code		
Routing Transit Number_ (Generally, first set of nine numbers on b	ottom of check)				
Account Number(Generally, second set of numbers on bo					
Type of Account Checking	Savings				
Name(s) Account is Under					

Part	111 -	_Δι	ıth	ori	iza	tio	n

I authorize the Adams County Retirement Plan, the Retirement Board (and its agents), the retirement fund trustee and the Retirement Plan Executive Director (collectively the "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 Plan has received written notification from me of its termination in such time and manner to afford the Plan and the financial institution a reasonable opportunity to act on it.

I also authorize the Plan to make adjustments authorization shall remain in effect until I notify requested the Plan to directly deposit by electronic institution named above to disclose to the Plan at names and addresses of all joint owners, signareferenced account if I pass away. A photocop disclosure.	y the Plan to discontinue the c transfer to the above referent any time my address and co tories, beneficiaries or other	is payment method. Since I have nced account I authorize the financial ntact information, and to disclose the persons associated with the above				
Ciamatura of Datina		Data				
Signature of Retiree		Date				
PLEASE ATTACH BELOW A BLANK VOIDED CHECK FOR THE ABOVE ACCOUNT						
•	VOIDED CHECK					