



City of Phoenix Direct Deposit Authorization Form

Personal Information

Name: _____ SSN or Account Number: _____

Home Phone: _____ Work Phone: _____

Financial Institution Information

Type of Account (check one): Checking¹ Savings²

¹Please note, all checks must contain preprinted name and address information. NRS will not accept starter checks or deposit slips.

²Please submit an account verification letter from your financial institution.

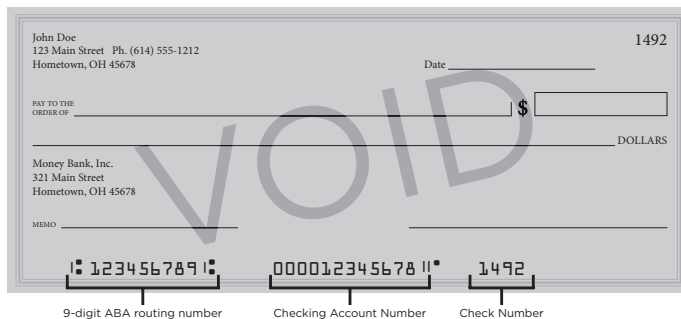
Financial Institution Name: _____

Financial Institution Phone Number: _____

Financial Institution Routing Transit Number (9 digits required): _____

Account Number: _____

**Attach a voided check here
(for deposits into checking accounts):**



Authorization

I hereby authorize the plan administrator to initiate credit entries to my account with the financial institution named above. I understand that this authorization will remain in full force and effect during my lifetime or until I provide the plan administrator with a new Direct Deposit Authorization form indicating a change or cancellation. In the event the plan administrator notifies my financial institution that I am not entitled to the funds deposited in my account, I authorize that a debit adjustment to my account may be made. In the event this Direct Deposit Authorization form is incomplete or contains incorrect information, I understand a check will be issued to my address of record.

Participant or Claimant:

Name (please print): _____

Signature: _____ Date: _____