

**HAMPDEN COUNTY REGIONAL RETIREMENT BOARD**

I wish to participate and hereby by authorize the Hampden County Regional Retirement Board to make payment of any amounts owing to me by initiating credit entries to my account as indicated to the bank below. It is understood that the agreement may be terminated at any time **only by notifying the Hampden County Regional Retirement Board in writing**, and shall be effective only after receipt of such notification and reasonable opportunity to act thereon. In addition, by signing this authorization I agree that should any overpayment to my account exist, I authorize the Retirement Board access to the account indicated to reverse any errors in payment to me or my beneficiaries.

Please complete one (1) of the applicable option below:

Deposit my monthly retirement pay into my **\*CHECKING ACCOUNT\***:

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

**\*Note: Please include a voided check for account verification.**

Deposit my monthly retirement pay into my **SAVINGS ACCOUNT\***:

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

**\*Note: Must be an actual account number, and not Express Card Number of ATM Card Number.**

**Please return the completed form to:**

**Hampden County Regional Retirement Board  
Agawam Corporate Center  
67 Hunt Street – Suite 116  
Agawam, Massachusetts 01001**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Last 4 digits of SS#

**PLEASE NOTE: Please send a copy of a Photo ID along with this Form and a Direct Deposit Authorization Form from your bank.**