INSTRUCTIONS FOR THE DIRECT DEPOSIT AUTHORIZATION FORM:

• List the name of the Bank including the branch office and address.

• If depositing into a checking account, attach a blank voided check to the authorization form. Your voided check has the Routing/aba number and your account number on it. We cannot process your request without the voided check or a letter from the Bank with all the names on the account, routing number and account number!

• If depositing to a statement savings account, please submit a letter from the Bank with all the names on the account, routing number and account number and write in the space provided.

• If you are depositing to a joint account, please have all individuals authorized to sign on the account complete the bottom of the form.

• Direct Deposit notifications are sent out every time there is a change to your check and four times a year (March, June, September, and December) for your direct deposit transactions.

• If you have any questions regarding this service, please contact our office at (508) 775-1110 and we will be happy to assist you.

• PLEASE MAIL THE FORM TO: BARNSTABLE COUNTY RETIREMENT
  750 ATTUCKS LANE
  HYANNIS, MA 02601
  
  ****PLEASE NOTE THAT WHEN CHANGING BANKS AND OR ACCOUNTS THE FIRST
  MONTH A CHECK WILL BE ISSUED AND A PRE-NOTIFICATION WILL BE SENT TO YOUR
  BANK.

  STARTING WITH THE FOLLOWING MONTH YOUR RETIREMENT PAYMENT WILL BE DIRECT
  DEPOSITED****
AUTHORIZATION AND AGREEMENT FOR DIRECT DEPOSIT PAYMENTS

I (we) here by authorize the BARNSTABLE COUNTY RETIREMENT ASSOCIATION to initiate electronic entries as specified below to my (our) account listed below, and, if necessary, reversal entries and adjustments for any erroneous entries made to said account. Further, the BANK named below (hereinafter "Depository") is hereby authorized to complete such electronic entries to such account.

BANK NAME

BRANCH OFFICE

ADDRESS

ROUTING/ABA NUMBER

ACCOUNT NUMBER

TYPE OF ACCOUNT:  (Circle One)  CHECKING OR  STATEMENT SAVINGS

This authorization is to remain in full force and in effect until revoked in writing, I (we) agree that this authorization is solely between BARNSTABLE COUNTY RETIREMENT ASSOCIATION and me (us), and that the Originating Depository BANK through which BARNSTABLE COUNTY RETIREMENT ASSOCIATION initiates any entry under this Authorization is under no responsibility to me (us), I (we) agree to notify BARNSTABLE COUNTY RETIREMENT ASSOCIATION promptly if the Account listed above is closed or is no longer permitted to accept electronically initiated entries. The BARNSTABLE COUNTY RETIREMENT ASSOCIATION is authorized to provide copies of this Authorization to the Originating and Receiving Depository BANK, upon their request. I (we) have received a copy of this authorization form.

NAME (print)  Social Security Number

X

SIGNATURE

NAME (print)  Social Security Number

X

SIGNATURE

DATE  Telephone Number