



28 West Adams, Suite 1900, Detroit MI 48226  
 Toll Free (888) 600.6033 Local (313) 224-5890 Fax (313) 224-1917

## Direct Deposit Authorization

I authorize the Wayne County Employees' Retirement System/Wayne County Treasurer and/or its paying agent to deposit my net pay, by direct deposit (electronic funds transfer) into the designated financial institution(s) and Account Number(s). I understand this authorization remains in effect until cancelled by: (a) me, (b) my death or legal incapacity, or (c) Wayne County Employees' Retirement System.

I authorize Wayne County Employees' Retirement System/Wayne County Treasurer and/or its paying agent to recover money electronically deposited in my account(s) in error, by either adjusting or debiting the account(s), or withholding future payments.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations, and the State of Michigan's rules about electronic funds transfers, as they exist on this date or as subsequently adopted, amended or repealed. Michigan law governs electronic funds transactions authorized by this agreement in all respects except as otherwise superseded by federal law.

### PERSONAL INFORMATION (Please print clearly)

Name (last, first, middle) Retirement ID # (required) Social Security # (last 4 digits)

Email Address ( I understand I will receive all correspondence electronically in the future by including my email address above)

### DISTRIBUTION 1

Select Option	Account Information	Distribution Type
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<div style="text-align: center;"> <input type="checkbox"/> Checking <span style="margin-left: 150px;"><input type="checkbox"/> Savings</span> </div> Financial Institution: _____ Routing Number: _____ Account Number: _____	<input type="checkbox"/> Default <input type="checkbox"/> Fixed Amount \$ _____

### DISTRIBUTION 2

Select Option	Account Information	Distribution Type
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<div style="text-align: center;"> <input type="checkbox"/> Checking <span style="margin-left: 150px;"><input type="checkbox"/> Savings</span> </div> Financial Institution: _____ Routing Number: _____ Account Number: _____	<input type="checkbox"/> Default <input type="checkbox"/> Fixed Amount \$ _____

### AUTHORIZATION (Signature Required):

Retiree Signature Date Home Phone # Cell Phone #

Second Signature Date Home Phone # Cell Phone #

***If more than one signature is required to authorize withdrawals of funds, all must sign this form before you submit it.***