



METROPOLITAN WATER RECLAMATION DISTRICT RETIREMENT FUND DIRECT DEPOSIT FORM

Dear Annuitant:

Please complete section [A] of this form and then ask your financial institution to complete section [B].

Note: The Annuitant's name must be on the Financial Institution Account where the funds are to be deposited.

[A] TO BE COMPLETED BY THE ANNUITANT

Annuitant Name (as it appears on account)						Social Security Number XXX - XX -								
Annuitant Telephone Number ()				Financial Institution Name										
Type of Account (Check One)		<input type="checkbox"/> Checking Account		<input type="checkbox"/> Money Market Account			<input type="checkbox"/> Savings Account							
Account #														
I authorize and request the MWRDRF to direct my recurring annuity payments for crediting to my account at the financial institution designated above. This authorization revokes all prior direct deposit authorizations. I agree that if any benefit payments to which I am not entitled that have been received and collected by my designated financial institution, I hereby authorize and direct my financial institution to refund the same to MWRDRF and charge such refund payments to the account listed above.														
Signature _____										Date _____				

[B] TO BE COMPLETED BY THE FINANCIAL INSTITUTION

In order to avoid coding problems which could delay timely credit to the account, please complete the following with the numeric sequence required by your financial institution for automated clearing house transfers to the annuitant's account listed above (including dashes as necessary).

ABA Routing #											
Branch Address						City, State, Zip					
Branch Telephone Number ()				Ext.							
Is the annuitant named above on the account designated for direct deposit? Please indicate to the right.								<input type="checkbox"/> Yes		<input type="checkbox"/> No	
I have verified the annuitant's name, account type and number above is accurate as it pertains to the account.											
Financial Institution Representative Signature _____											
Print Name & Position _____						Date _____					

FOR MWRDRF OFFICE USE ONLY: _____ / _____ / _____

Form # 910