

SOMERVILLE RETIREMENT BOARD (SRB)
DIRECT DEPOSIT AUTHORIZATION FORM

PLEASE PRINT:

NAME: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

AREA CODE & TELEPHONE NUMBER: _____

BANK NAME: _____

BANK ADDRESS: _____

BANK'S CITY, STATE & ZIP: _____

BANK'S ABA/ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT (PLEASE CIRCLE ONE): **CHECKING** **SAVINGS**

PLEASE NOTE: If payments are made to my account to which I am not entitled by reason of my death prior to the date when such payments become due, I authorize Century Bank to refund the amount of such overpayments to the SRB and charge the same to my account. Direct Deposit activates immediately, provided we receive the required information above before payroll is processed for the month. **You can substitute a VOIDED personal check or deposit slip for the above requested information.**

DATE

SOCIAL SECURITY NUMBER

SIGNATURE