

**Braintree Retirement Board
74 Pond Street, Second Floor
Braintree, MA 02184**

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I hereby request and authorize the Braintree Retirement Board to deposit the net amount of my monthly pension or annuity payment to my account and the bank indicated below, or to charge my account for a deposit made in error.

It is understood that I may terminate this agreement at any time by written notification to the Braintree Retirement Board.

Retiree Name: _____

Address: _____

Signature _____

Date _____

BANK INFORMATION

Bank Name: _____

Address _____

City _____ State _____ MA _____ Zip _____

Bank Account # _____

Bank Transit/ABA Number _____

Checking _____ Savings _____

The undersigned designated financial institution's representative has verified the information provided above and hereby agrees to receive and deposit sums for the person(s) named above in accordance with their instructions.

Authorized Signature _____

Date: _____

Please attach a copy of voided check here: