

METROPOLITAN WATER RECLAMATION DISTRICT RETIREMENT FUND

Direct Deposit Form

Dear Annuitant:

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

Please Note: The Annuitant's name must be on the Banking Account, to which the funds are to be deposited.

[A] TO BE COMPLETED BY THE ANNUITANT

Annuitant Name: _____

Social Security Number: XXX - XX - _____

⇒Telephone Number: _____

⇒Banking Institution Name: _____

⇒Type of Account Checking Account Money Market Account Savings Account

⇒ACCOUNT #: _____

⇒ANNUITANT SIGNATURE: _____

[B] TO BE COMPLETED BY THE BANKING INSTITUTION

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

⇒ABA ROUTING NUMBER: _____

⇒Telephone (in case of ACH transfer problems): () _____ Ext. _____

⇒PLEASE VERIFY THE ACCOUNT TYPE AND ACCOUNT NUMBER SHOWN IN SECTION [A] ABOVE BEFORE SIGNING! ALSO PLEASE INDICATE TO US THAT THE ANNUITANT NAMED ABOVE IS ON THE ACCOUNT DESIGNATED FOR DIRECT DEPOSIT.

YES _____ NO _____

⇒BANK REPRESENTATIVE SIGNATURE: _____

(Please Also Print Your Name Below your signature)

FOR MWRDRF OFFICE USE ONLY: Acct # - ID# - Office #