CITY OF WORCESTER RETIREMENT SYSTEM

WORCESTER, MASSACHUSETTS 01608

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize City of Worcester Retirement System, to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the bank named below, to credit and/or debit the same to such account.

(Circle either **1** or **2**): **(1)** Checking Account **(2)** Savings Account

BANK NAME _____

CITY _____ STATE _____ ZIP _____

DEPOSITORY BANK TRANSIT/ABA NO. TRANSIT ROUTING NUMBER

TRANSIT ABA

CUSTOMER ACCNT. NO. ACCOUNT NUMBER INFORMATION

This authority is to remain in full force and effect until City of Worcester Retirement System has received written notification from me (or either of us) of its termination in such time and in such manner as to afford City of Worcester Retirement and your bank a reasonable opportunity to act on it.

Name(s) _____ S.S. Number _____

(Must be signed by both if joint account)

Signed X _____ Signed X _____

Date _____

(WHITE COPY - RETIREMENT OFFICE) (CANARY COPY - RETIREE)