

Return completed Forms to:
 Coral Gables Retirement System
 405 Biltmore Way
 Coral Gables Fl. 33134

Phone: 305- 460 5281 Fax: 305-569-1826
 Email: kgroome@coralgables.com
 Email: ocoffy@coralgables.com

Coral Gables Retirement System

Pension Direct Deposit Authorization Form of Monthly Retirement Benefit

Retiree Information

Employee Name: _____ **Employee ID:** _____
E-Mail Address: _____ **Phone No:** _____

Financial institution Information

First Account

Name of Financial Institution: _____
Account Type: Checking or Savings

Routing / Transit Number: _____
Account Number: _____

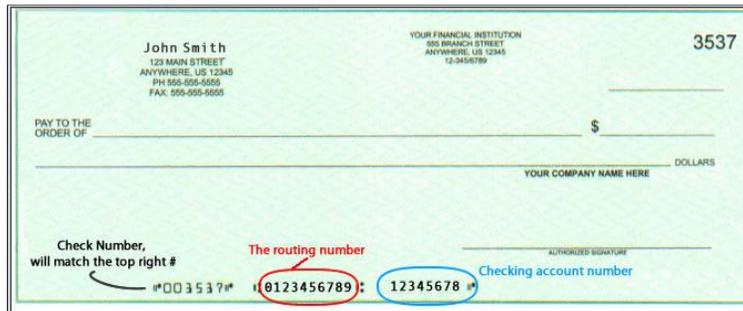
Action Requested (Check one): Start Change **Deposit Amount:** NET PAY

Second Account

Name of Financial Institution: _____
Account Type: Checking or Savings

Routing / Transit Number: _____
Account Number: _____

Action Requested (Check one): Start Change **Deposit Amount:** _____



DIRECT DEPOSIT PROGRAM RULES

You MUST provide a VOID check with your name for each checking account and deposit slip listed above. If your name is not on the voided check or deposit slip you must provide a copy of both your and the account holders official photo identification.

AUTHORIZATION

I hereby authorize and request the City of Coral Gables Retirement System to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named above. This direct deposit is to remain in effect until withdrawn by (a) me in writing with sufficient notice to the city of Coral Gables Retirement System to allow adequate time to effect termination; (b) my death or legal incapacity or (c) the financial institution .It will purge approximately (6)months after my death.

Signature of Retiree : _____ **Date :** _____

For Retirement System Use Only

Date Received: _____