

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PENSION**

I hereby authorize The City of Bridgeport, to make payment of any amounts owing to me for PENSION by initiating credit entries to my account indicated below in the bank named below, hereinafter called BANK, and I authorize and request BANK to accept credit entries initiated by the CITY OF BRIDGEPORT to such account and to credit the same to such account without responsibility for the correctness thereof. It is understood that in signing this agreement I allow THE CITY of BRIDGEPORT to initiate a reversal of the described payment entry in the event of error in calculation or overpayment.

***BANK INFORMATION—TO BE COMPLETED BY PENSIONER***

Bank Name \_\_\_\_\_

Pensioner's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

It is further understood that this agreement may be terminated by me at any such time by written notification to The City of Bridgeport or Bank. Any such notification to the Bank shall be effective only with respect to entries credited by my account by Bank after receipt of such notification and a reasonable time to act on it.

Pensioner's Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*You must staple a voided check (for checking account deposit) or a copy of your bank statement (for savings account deposit) to this agreement.