

*Worcester Regional Retirement System
23 Midstate Drive, Suite 106
Auburn, MA 01501
Tel: 508-832-6314 Fax: 508-832-6318
Email: info@wrrboard.org ~ www.wrrboard.org*

NOTICE OF DIRECT DEPOSIT REQUEST

I, _____ request to have my monthly Retirement Allowance check deposited directly to my bank account as follows:

Effective Date of Change: _____

Name of Bank/Institution: _____

Bank/Institution Address: _____

Bank/Institution Phone #: _____

Bank ABA Number: _____

Bank Account Number: _____ CKG: ____ SVGS: ____

Attach a voided blank check or photocopy of blank check

Retiree Name: _____

Social Security No: _____

Home Mail Address: _____

Signature of Retiree: _____

Please forward a copy of this change form to our offices including the bank(s) information, or changes in name and address.