

REQUEST FOR DIRECT DEPOSIT
OF MONTHLY PENSION CHECK

PLEASE PRINT FORM, FILL OUT, SIGN AND RETURN OR MAIL TO:

Methuen Contributory Retirement System
41 Pleasant Street, Suite 303, Methuen, MA 01844
978-983-8620

From: _____
(Retiree Name)

Address: _____

City, State, Zip: _____

Telephone Number: _____

Effective (Date): _____, Please make arrangements to have my
monthly retirement check deposited into my account held at the following:

Bank Name: _____

Please Check Appropriate Choice:

____ Checking Account - Please provide a Voided Personal Check

____ Savings Account – Please provide a Savings Account Deposit Slip

Signed: _____

Date: _____

Please Note: One pay period is required to set up the Direct Deposit Account. Therefore, the first retirement check issued after the date you wish to establish the account will be a LIVE CHECK payable to you. The following month the account will be established and your check will be directly deposited into your bank account. If you have any questions, please contact our office at 978-983-8620.