



## Authorization for Direct Deposit of Retirement Benefit Payments

I hereby authorize  Kent County and/or Northern Trust Company as Custodian of the Kent County Employees' Retirement Plan  to initiate credit entries for retirement benefit payments (and/or corrections to the previous credits) and the Financial Institution indicated below to credit and/or correct the amounts thereof to my:

***Check One:***

Checking Account

Savings Account

***Complete the following information:***

\_\_\_\_\_

**Financial Institution Name**

\_\_\_\_\_

**Phone Number**

**Account Number for Direct Deposit**

**Bank Routing Number**

\_\_\_\_\_

**Street Address**

\_\_\_\_\_

**City**

**State**

**Zip**

This authorization is to remain in full effect until written notification from me of its termination in such time and manner as afford Kent County and/or Northern Trust Company a reasonable opportunity to act on it or until I have been provided ten (10) days written notice of the termination of this agreement.

\_\_\_\_\_

**Name of Retiree/Survivor**

**Phone Number with Area Code**

\_\_\_\_\_

**Signature**

**Date**

***Completed form should be directed to:***

**Kent County Human Resources Department  
300 Monroe Avenue N.W.  
Grand Rapids, MI 49503-2222  
ATTN: Pension**

**OR**

**Fax: 616-632-7445**