

Retiree Help Line 1-800-647-3674

Section 1

Electronic Funds Transfer Authorization

Declaration - U.S. law requires that the following information be obtained for all direct deposit (ACH) transactions

Will the pension payment that is made via direct deposit pursuant to this Authorization be forwarded across the U.S. border to a foreign financial institution through the ACH network on the same day that it is deposited into your account?

- NO, please proceed and complete section 2
 YES, please fill out the Financial Institution information below, then proceed to section 2

Foreign Financial Institution Name: _____

Foreign Financial Institution Identification Number: _____

Foreign Financial Institution Address: _____

Section 2

Information on the benefit recipient

Name: _____ SSN: _____

Street Address: _____

City, State ZIP _____

Telephone Number: _____

Name of Former Employer/Plan Sponsor: CITY OF ROSEVILLE #083984

If you are receiving a Survivor's benefit, please complete the following:

Deceased Retiree's Name: _____

Deceased Retiree's Social Security Number: _____

Please complete if you are receiving benefit payments from Comerica under more than one plan

- Please apply my direct deposit plan to all affected plans.
 Please only apply my direct deposit information to the following plan: _____

I authorize and direct Comerica Bank to make the monthly pension payment payable to me under the CITY OF ROSEVILLE EMPLOYEES' RETIREMENT SYSTEM _____ plan

via the Automated Clearing House (ACH) system to the financial institution and account number named below.

US Financial Institution Name: _____

US Financial Institution Address: _____

US Financial Institution's ACH Routing/Transit Number _____

Checking Savings Account Number _____

I certify that the information I have provided on this Electronic Funds Transfer Authorization form is correct and complete. I understand that this Authorization will remain in effect until I submit written authorization to cancel or change the information contained in this form.

Retiree/Beneficiary's Signature: _____

Please return completed form to:

City of Roseville
Employees' Retirement System
29777 Gratiot Avenue
Roseville, MI 48066