



CITY OF TUCSON  
FINANCE DEPARTMENT  
RETIREMENT OFFICE

CITY OF TUCSON  
AUTOMATIC DEPOSIT AUTHORIZATION  
FOR PENSION

I hereby authorize the City of Tucson Payroll Section and the financial institution named below to initiate the payroll deposits. Attach a **voided check** for verification purposes.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Account Type:  Savings  Checking Account #: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

Member's Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_