



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. Voided check must have **your name** on it, if this information is missing your pension check maybe sent via mail. If a voided check is unavailable, we will accept a letter of direct deposit instruction from your financial institution. It must be pre-printed and include your name, account number, and the routing number on it. If this information is missing your pension check may be sent via mail.

Name: _____ SSN: _____

Financial Institution: _____

Account Type: Savings Checking Account #: _____

ABA Routing Number: _____

Member's Phone #: _____

Signature: _____ Date: _____