



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: _____

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

Member Disclosure:

To ensure the accuracy of account and routing information prior to sending funds, the City will proceed with a Pre-Note trial. This process will result in a delay of the automatic deposit being effective. During this Pre-Note trial process the checks will be sent via U.S. mail. This delay is normally only one pay period but may be longer. In authorizing the requested automatic deposit, I understand that the City of Tucson is acting in good faith and can not anticipate and is not responsible for any charges incurred by me due to any delay of deposit.

DATE SUBMITTED TO TSRS: _____

VOIDED CHECK ENCLOSED? YES NO