



## Kalamazoo County

### Retirement Direct Deposit Authorization Form

Retiree's Name \_\_\_\_\_

I authorize Kalamazoo County to deposit my retirement benefit to the financial institution that I have elected below. I also authorize Kalamazoo County, if necessary, to initiate debit and/or adjustment entries to the accounts at the financial institution listed below for any credit entries transmitted in error. This authorization for the direct deposit of retirement benefits shall remain in full force and effect until Kalamazoo County has received written notification from me of its termination.

Name of Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

ABA number (9-digit Number) \_\_\_\_\_

Deposit into:     Checking     Savings

\_\_\_\_\_  
Retiree's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Daytime Phone Number

**INSTRUCTIONS:**

**Please complete this form and submit it to Human Resources via:**

- **EMAIL to payroll@kalcounty.com, or**
- **FAX to 269-384-8099, or**
- **MAIL to Human Resources Department; 201 West Kalamazoo Avenue; Kalamazoo, MI 49007**