

DIRECT DEPOSIT AGREEMENT

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

PAYER: Berkshire County Retirement
29 Dunham Mall
Pittsfield, MA 01201

I HEREBY AGREE TO AUTOMATICALLY DEPOSIT MY PENSION CHECK EVERY
MONTH TO MY _____ checking
_____ Savings
ACCOUNT WITH THE FOLLOWING INSTITUTION

BANK NAME _____

ADDRESS _____

BANK PHONE NUMBER () _____

TRANSIT ROUTING NUMBER _____

MEMBER ACCOUNT NUMBER _____

THIS CONSTITUTES MY WRITTEN AUTHORIZATION TO MAKE THE
AUTOMATIC DEPOSIT COMMENCING IMMEDIATELY.

THIS AGREEMENT SHALL REMAIN IN FORCE UNTIL CANCELLED BY ME IN
WRITING.

DATE ____/____/____

SIGNATURE: _____