



CITY OF PROVIDENCE

DIRECT DEPOSIT AND ELECTRONIC DELIVERY AUTHORIZATION

Name: _____

Address: _____

City _____ State _____ ZIP _____

Social Security Number: _____ Date of Birth: _____

I HEREBY AUTHORIZE THE EMPLOYEE RETIREMENT SYSTEM OF PROVIDENCE TO:

_____ Deposit my net pay each month into the following account:

Bank Name _____

Checking Account # _____

Routing # _____

PLEASE ATTACH A VOIDED CHECK.

_____ Deposit my net pay each month into the following account:

Bank Name _____

Savings Account # _____

Routing # _____

_____ Provide electronic statements to the following email address:

THIS AUTHORIZATION MAY BE CANCELLED AT ANY TIME BY NOTIFYING THE EMPLOYEE RETIREMENT SYSTEM OF PROVIDENCE IN WRITING.

Signature _____

Date of Signature _____

Telephone # _____