FRANKLIN REGIONAL RETIREMENT SYSTEM

101 MUNSON STREET, SUITE 108 GREENFIELD, MASSACHUSETTS 01301-3230
telephone: 413-774-4837 email: general.frrsma@gmail.com

Direct Deposit
Non-retirees

Instructions: Please fill in the following information and return this form, along with a voided check or copy of bank statement for a checking or savings account of your choice, to the above address. You will receive a letter confirming the deposit.

I, _____ hereby provide to the Franklin Regional Retirement System the necessary information to make a direct deposit credit entry for any amounts owing to me to the below named bank and indicated account.

Bank Name: _____

ABA(bank) No. _____ Account (you) No. _____

Name(s) of owners on account: _____
Please note that the FRRS Board requires for your protection that you are an owner of the above account.

Please check one: Checking ☐ Savings ☐

Required: please attach official documentation showing account number and bank name, e.g. voided check or copy of check, bank statement, letter, or memo from bank.

I agree that if the Franklin Regional Retirement System credits an unearned or erroneous payment to my account, I will immediately repay the Franklin Regional Retirement System the full amount of such unearned or erroneous pay. I further agree that if I do not repay such unearned pay, I will be personally liable for all costs of collection, including reasonable attorney's fees incurred by the Franklin Regional Retirement System in the collection of such unearned pay, together with the maximum interest or late charges permitted by law.

Signature: _____ Last Four of Social Security No.: _____

Date: _____