

FRANKLIN REGIONAL RETIREMENT SYSTEM

101 MUNSON STREET, SUITE 108 GREENFIELD, MASSACHUSETTS 01301

telephone: 413-774-4837

www.FRRSMA.com

email: general.frrsma@gmail.com

Direct Deposit Mandatory for All Retirees

Instructions: Please fill in the following information and return this form to the above address. You will receive a "Notice of Deposit" the first month you receive a benefit, in the months of July and December, and any other month in which a change to your benefit occurs.

Please check one:

New

☐

Change

☐

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(s) and indicated account(s). **I understand that my net retirement pay will be credited to my account(s) on the 30th of each month or the last business day prior to the 30th if the 30th falls on a weekend or holiday.**

First Account Information

Bank Name: _____

Account: 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 ☐ Amount _____

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

Second Account Information (Sorry – the limit is 2 accounts)

Bank Name: _____

Account: 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 ☐ Amount _____

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.

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

Date: _____