



**Mamaroneck U.F.S.D**  
**1000 W. Boston Post Rd**  
**Mamaroneck, NY 10543**

**RETIREE PAYMENT FORM**

TO: ALL RETIREES  
FROM: Sylvia Wallach, Assistant Superintendent of Business Operations  
DATE: November 13, 2020  
SUBJECT: MEDICARE REIMBURSEMENT PAYMENTS

Effective year 2018 payments to Retirees from the Mamaroneck Union Free School District will be sent electronically. Payments will be sent out via ACH with your bank.

To facilitate receipt of your next payment, please complete the following with your information and your spouse's information **if they are receiving benefits from the District:**

NAME OF RETIREE: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_

**\*\*\*VALID E-MAIL ADDRESS:** \_\_\_\_\_

RETIREE SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SPOUSE SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_

RETIREE BANK ACCOUNT NUMBER: \_\_\_\_\_

RETIREE ROUTING NUMBER: \_\_\_\_ \_

SPOUSE BANK ACCOUNT NUMBER: \_\_\_\_\_  
(If Different Than Retiree)

SPOUSE ROUTING NUMBER: \_\_\_\_ \_  
(If Different Than Retiree)

**\*\*\*REQUIRED PLEASE PROVIDE AN EMAIL ADDRESS FOR DEPOSIT NOTIFICATONS**

**Please return this information to:** Mamaroneck Union Free School District, **ATTN: LAUREN LEONE**  
1000 W. Boston Post Rd.  
Mamaroneck, NY 10543

**Tel: (914) 220-3035**

**Fax (914) 220-3091**

**E-Mail: lleone@mamkschools.org**