



**BENEFICIARY
Direct Deposit Authorization**
Location: 002 Retirement

TRANSACTION
<input type="checkbox"/> CHANGE
TYPE OF ACCOUNT
<input type="checkbox"/> CHECKING
<input type="checkbox"/> SAVINGS

Employee Name: _____

Employee Identification Number: _____

Beneficiary Name: _____

Name of Bank: _____

I authorize Gwinnett Retirement System to deposit my Beneficiary Monthly Net Benefit payment into the account above named bank. I agree that the financial institution listed above may treat each such deposit the same as if it were personally deposited by me. This authority will remain in effect until I have cancelled it in writing.

Signature _____ Date _____

In lieu of a voided check, you may provide your banking information below.

Routing #: _____ Account #: _____

PLEASE PLACE TAPE HERE
TAPE VOIDED CHECK FACE UP HERE
PLEASE DO NOT STAPLE