



**RETIREE
DIRECT DEPOSIT AUTHORIZATION
Location - 002 Retirement**

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

EMPL ID: _____

RETIREE NAME: _____

BANK NAME: _____

Effective date of change: _____

I authorize Gwinnett Retirement System to deposit my monthly net benefit payment into the account of above named bank. I agree that the financial institution listed above may treat each 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 #: _____

You may return your form via:

Email: GRS.FS@gcpsk12.org

Fax: (678) 301-6275

Mail: Gwinnett Retirement System

437 Old Peachtree Road, NW, Suwanee, GA 30024

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