Northampton Board of Retirement

Authorization Agreement for Direct Deposit

I hereby authorize the Northampton Board of Retirement and the City of Northampton to initiate credit entries to my

☐ **Checking** account ☐ **Savings** account

at the depository institution indicated below.

Depository Institution Name _____

City_____ State_____ Zip_____

This authority is to remain in effect until the Northampton Board of Retirement has received written notification from me of its termination in such time and in such manner as to afford the Northampton Board of Retirement to act on it.

Name _____

Date _____ *Signature* _____

Attach Canceled/Void Check or Deposit Slip Here