



Retirement Check Direct Deposit Authorization Form

NAME: _____ HOME PHONE: () _____
 ADDRESS: _____ WORK PHONE: () _____
 CITY: _____ STATE: _____ ZIP: _____
 SOCIAL SECURITY #: _____ E-MAIL: _____

Please complete all fields and return to Metro Credit Union, Att: Deposit Operations at:

200 Revere Beach Parkway
Chelsea, MA 02150-9100

I request that \$: _____ (Write "Net Pay" for Deposit of Full Amount) directly deposited into my Metro account as listed below:

Retirement Number: _____ Agency Retired From: _____

I further understand that it is my responsibility to make my payments/deposits to Metro during any transition period. I understand that the Retirement Board will advise me of the initial start date for my benefits and how they will be processed.

Signature of Retiree: _____ Date: _____

Metro Routing and Transit Number: 211381990

Choose Which Account Your Deposit Will Process Through:

D Savings Account Number: _____ - _____

D Checking Account Number: _____ - _____

The following distributions will be made to my sub-accounts from the deposited amount to the following accounts:

Savings: \$ _____
 Checking: \$ _____
 Vacation Club: \$ _____
 Christmas Club: \$ _____
 Loan Account: \$ _____
 Other: \$ _____

Total Distributions: \$ _____

(Note: total deposit less distribution equals net deposit to designated account)