DIRECT DEPOSIT EMPLOYEE AUTHORIZATION FORM

EVERY FIELD MUST BE COMPLETED, ANY MISSING INFO WILL DELAY THE PROCESS FOR DIRECT DEPOSIT ACTIVATION

I authorize <u>The General Retirement System for Employees of Jefferson County</u> (hereafter referred to as "GRS") to direct deposit funds to my account with the financial institution listed below. If funds to which I am <u>not</u> entitled are deposited in my account, I authorize the initiation of a correction (debit) entry electronically or by any other commercially accepted method. I understand that the authorization may be rejected or discontinued at any time. If any of the below information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to you for distribution. **This will delay your check**.

(Type of Account: please check one)	<u>-</u> -		letter from financial institution only)
City:	State:	Zip:	Phone:
I understand that by submitting this form means my entire pension effect until "GRS" receives a <u>written</u> termination notice:			
X Employee Signature			X Date
Print First, Middle Initial and Last Name			Social Security Number
Sworn to and subscribed before me this	(day of	. 20
	_ N	otary Public	
PLEASE ATTACH YOUR VOIDED) CHECK (OR LETTER	IN THIS AREA

General Retirement System ■ 716 Richard Arrington Jr. Blvd N, Suite 430 ■ Birmingham, Alabama 35203 ■ 205-784-4530