

**ENROLLMENT FORM FOR DIRECT DEPOSIT OF PENSION  
PAYMENTS**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Bank/Credit Union Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Please provide a voided blank check as  
verification of above information**