

DIRECT DEPOSIT REQUEST

TO: Pittsfield Retirement Board
114 Fenn Street
Pittsfield, MA 01201

DATE: _____

I, _____, authorize the direct deposit of my
Pension check to either my:

Checking Account # _____ **or**

Savings Account # _____

Bank Transit Number _____

At _____
Bank Name

Bank Address

Signature _____

Address _____

Phone Number _____