



**Authorization Agreement for Automatic Deposit  
City of Traverse City ACT 345 Retirement System**

**Full Name** (Please Print) \_\_\_\_\_

**1. Provide the required financial information below:**

To ensure the correct account/routing number is used for this deposit, **PLEASE SEND US A VOIDED CHECK OR CONTACT YOUR FINANCIAL INSTITUTION FOR ASSISTANCE. PLEASE NO DEPOSIT SLIPS.**

Name of financial Institution: \_\_\_\_\_

ABA/routing number: \_\_\_\_\_

Checking Acct #: \_\_\_\_\_

or Savings Acct#: \_\_\_\_\_

**2. Provide your signature for authorization:**

I hereby authorize the City of Traverse City to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account indicated above and the financial institution named above, to credit and/or debit the same to such account.

**PLEASE SIGN! THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Mail/Drop off completed form to:*

**City of Traverse City  
Attn: Deputy Treasurer  
400 Boardman Ave.  
Traverse City, MI 49684**

**Payroll Use Only:**

Date Received: \_\_\_\_\_  
Prenote Date: \_\_\_\_\_