MASSACHUSETTS HOUSING FINANCE AGENCY EMPLOYEES' RETIREMENT SYSTEM

ONE BEACON STREET
BOSTON, MASSACHUSETTS 02108

AUTHORIZATION AGREEMENT FOR AUTOMATICE DEPOSITS (ACH CREDITS)

I (we) hereby authorize the Massachusetts Housing Finance Agency Employees' Retirement System, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the bank names below, to credit and/or debit the same to such account.

Type of Account: ☐Checking | ☐ Statement Savings

Type of Direct Deposit: ☐Full Amount | ☐Partial $_____

BANK NAME: _____

BANK ADDRESS:_____City:_____State:_____Zip:_____

DEPOSITTORY BANK TRANSIT/ABA NO. TRANSIT ROUTING NUMBER

TRANSIT ABA

CUSTOMER ACCNT. NO. ACCOUNT NUMBER INFORMATION

This authority is to remain in full force and effect until the Massachusetts Housing Finance Agency Employees' Retirement System has received written notification from me of its termination in such time and in such manner as to afford the Massachusetts Housing Finance Agency Employees' Retirement System and you bank a reasonable opportunity to act on it.

Retiree Names(s):_____ S.S. Number:_____

Retiree Signature X_____ Date:_____

PLEASE ALLOW ONE PAY PEROID FOR PRE-NOTE (TESTING) YOU WILL RECEIVE A CHECK DURING THIS PEROID.