



**CITY OF TAUNTON**  
**Contributory Retirement System**  
 104 Dean Street, Suite 203  
 Taunton, Massachusetts 02780  
 (508) 821-1052  
 (508) 821-1063 Fax

**BOARD OF  
 RETIREMENT**

**Chairperson:**  
 Ann Marie Hebert, City Auditor

**Elected Member:** Dennis M. Smith  
**Elected Member:** Peter H. Corr  
**Mayoral Appointee:** Gill E. Enos  
**Board Appointee:** Barry J. Amaral

**STAFF**  
**Executive Director**  
 Paul J. Slivinski

**Assistant Director**  
 Kathy A. Maki

**Authorization Agreement for Automatic Deposits  
 (ACH) Credits**

**Please return completed form to the address above with a voided check from the account to  
 be credited.**

I hereby authorize the Taunton Retirement Board to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my:

**Checking**

**Savings**

Indicated below and the depository names below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

\_\_\_\_\_  
**DEPOSITORY BANK**

\_\_\_\_\_  
**BRANCH**

\_\_\_\_\_  
**ROUTING NUMBER**

\_\_\_\_\_  
**ACCOUNT NUMBER**

I hereby authorize the Taunton Retirement Board to deposit my full check to the account named above.

This authority is to remain in full force and effect until the Taunton Retirement Board has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Taunton Retirement Board and DEPOSITORY a reasonable opportunity to act on it.

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

\_\_\_\_\_  
**Social Security Number**

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

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