

Benefit Payment Services
P.O. Box 92904
Chicago, IL 60675-2904
Phone: 312.557.9700



DIRECT DEPOSIT FORM: MARTA

NAME: _____ **SS#:** _____

I hereby request all payments from my pension plan to be deposited in my account # _____ until such time as this authorization is revoked in writing.

Retiree Signature: _____ **Date:** _____

THE FOLLOWING IS TO BE COMPLETED BY RETIREE'S FINANCIAL INSTITUTION OR A VOIDED CHECK FROM THE APPROPRIATE ACCOUNT MAY BE ATTACHED BELOW:

CHECK ONE ONLY:

Savings Account _____ **Checking Account** _____

BANK ROUTING NUMBER: _____

PAYEE ACCOUNT NUMBER: _____

FINANCIAL INSTITUTION: _____

ADDRESS: _____

DATE: _____ **SIGNATURE:** _____

Please complete and return to: MARTA Retirement Benefits, 2424 Piedmont Rd. NE., Atlanta, Georgia 30324 (404) 848-4143 Fax: (404) 848-4110