



City of Roanoke  
 Retirement Administration  
 Noel C. Taylor Municipal Building  
 215 Church Ave., S.W. Room 461  
 Roanoke, Virginia 24011

PH: 540.853.2062  
 FAX: 540.853.6142

**City of Roanoke Pension Plan  
 Authorization for Direct Deposit of Monthly Pension Allowance  
 Direct Deposit is Irrevocable**

Name:	_____
SSN:	_____
Address Line 1:	_____
Address Line 2:	_____
City, State, Zip:	_____
Telephone:	_____

Check if this is a new address: ( )

I hereby authorize the City of Roanoke Pension Plan and the financial institution(s) listed below to deposit my pension allowance automatically to my checking/savings account each payday. In case of overpayment by the Pension Plan to any account of mine, the Pension Plan and the financial institution are authorized to debit my account in the amount of such overpayment. In the event the Pension Plan is held liable to any retiree for any controversy, such liability shall in no event exceed the amount of the deposit which was made or to be made per the retiree's authorization.

**Primary or Default account information (net or remaining amount):** New ( ) Change ( ) Delete ( )

Financial Institute:	_____
Type of Account:	Checking ( ) Savings ( )
Account #:	_____
Bank ABA Routing #:	_____



Tape Voided Check Here

**Secondary account information:** Amount \$ \_\_\_\_\_ New ( ) Change ( ) Delete ( )

Financial Institute:	_____
Type of Account:	Checking ( ) Savings ( )
Account #:	_____
Bank ABA Routing #:	_____

Tape additional documentation on the back of form.

-----  
 Signature Date

If you are completing this form as a Power of Attorney or guardian for a retiree, a copy of your Power of Attorney or guardianship papers must be on file with the Retirement Department.