



**KENT COUNTY EMPLOYEES' RETIREMENT PLAN
AUTHORIZATION FOR DIRECT DEPOSIT**

Section 1. PARTICIPANT INFORMATION

Full Name	Social Security Number	Date of Birth	
Mailing Address (number and street)	City	State	Zip Code

Section 2. AUTHORIZATION

I hereby authorize Kent County and/or Northern Trust Company as Custodian of the Kent County Employees' Retirement Plan to initiate credit entries for retirement benefit payments (and/or corrections to previous credits) and the Financial Institution indicated below to credit and/or correct the amount thereof to my:

Section 3. FINANCIAL INSTITUTION

Financial Institution Name	Routing & Transit Number	Account Number	Account Type (C or S)
Financial Institution Name	Routing & Transit Number	Account Number	Account Type (C or S)

Section 4. PARTICIPANT SIGNATURE

This authorization is to remain in full effect until written notification from me of its termination in such time and manner as afford Kent County and/or Northern Trust Company a reasonable opportunity to act on it or until I have been provided ten (10) days written notice of the termination of this agreement.

Signature	Date

Completed form should be directed to:

**Kent County Human Resources Department
300 Monroe Avenue NW
Grand Rapids, MI 49503
ATTN: Retirement Services**

OR

FAX: 616-632-7445