

## RETIREE DIRECT DEPOSIT REQUEST

I authorize my employer / payer to initiate electronic credit entries and, if necessary, adjustments for any credit entries made in error to my financial institution listed below.

Customer Information													
First Name				Last Name				SS#			Daytime Phone #		
Street Address				City				State			Zip Code		
Financial Institution Information													
Name													
ROUTING TRANSIT NUMBER		Obtain from customer's CHECK or RTI screen only						<input type="checkbox"/> Checking <input type="checkbox"/> Savings		ACCOUNT NUMBER			
Customer Signature										Date (mm/dd/yyyy)			
<b>X</b>													

Name of Employer			Retirement Office Phone #		
<b>County of Lehigh</b>			<b>610-782-3909</b>		
Address of Employer / Retirement Office		City	State	Zip Code	
<b>17 South 7<sup>th</sup> Street</b>		<b>Allentown</b>	<b>PA</b>	<b>18101</b>	