



**PEABODY
RETIREMENT BOARD
CONTRIBUTORY RETIREMENT SYSTEM**



PEABODY CITY HALL
1882

BOARD MEMBERS
Richard Yagjian, Chairperson
Michael Gingras
Edward Lomasney, III
Joseph P. DiFranco, Sr.
Linda Cavallon

CITY HALL-24 LOWELL STREET
PEABODY, MA 01960
TEL 978-538-5911-13
FAX 978-538-5989

Date: _____

This is my request and your authority to deposit my pension check to my account in the:

(Name of Bank)

(Street)

(City)

(State) (Zip Code)

Checking Account Number: _____

Savings Account Number: _____

Social Security Number: _____

Bank Routing Number: _____

Signature: _____

Address: _____

City, State, Zip Code: _____

Return To:
PEABODY RETIREMENT BOARD
24 LOWELL ST. – CITY HALL
PEABODY, MA 01960

PLEASE ATTACH A BLANK CHECK WITH THE WORD "VOID" WRITTEN ACROSS IT

***VOIDED CHECK MUST HAVE YOUR NAME AND ADDRESS ON IT.**