

PAYROLL DIRECT DEPOSIT

RETIREE'S NAME	
RETIREE'S SOCIAL SECURITY #	
NAME OF BANK	
ROUTING NUMBER #	
BANK ACCOUNT #	
PLEASE CHECK ONE: CHECKING SAVINGS	
RETIREE'S SIGNATURE:	
DATE:	
PLEASE ATTACH A VOIDED CHECK BELOW	

Return your completed election to:

North Miami Retirement Systems 12000 Biscayne Boulevard, Suite #508 Miami, Florida 33181 Fax: 305-853-9090 pension@northmiamifl.gov