CITY OF BRISTOL - Treasurer's Office
Pension Payroll Authorization Form

PENSIONER'S NAME: _____

Employee # _____ SS#: _____
(for office use only)

Effective Date

CURRENT ADDRESS: _____

_____

PHONE NUMBER: ( ) _____

EMAIL ADDRESS: _____
(Required)

_____ NO CHANGES
_____ NEW* _____ CHANGE _____ ADDITIONAL

***Note: A live (paper) check will be issued for the first pension payment after your change of financial institution**

Account One:
Name of Financial Institution: _____
Address: _____

Routing # (Nine Digits) | | | | | | | | | |
Account # _____
Account Type _____ Checking _____ Savings

Account Two: *(if applicable)*
Name of Financial Institution: _____
Address: _____

Allotment Amount
$

Routing # (Nine Digits) | | | | | | | | | |
Account # _____
Account Type _____ Checking _____ Savings

Please attached a voided check for all checking accounts listed

*****Limit of two (2) accounts i.e. checking and/or savings*****

_____ _____
Pensioner's Signature Today's Date

Return to: Treasurer's Office
111 North Main Street 860-584-6285 Phone
Bristol, CT 06010