

# Town of Andover

## Contributory Retirement System



**Executive Director:**  
Elena M Kothman

**Administrative Assistant:**  
Helen Armano

Town Offices  
36 Bartlet Street  
Andover, MA 01810  
(978) 623-8540 FAX (978) 623-8594  
Website: [www.andoverretirement.com](http://www.andoverretirement.com)

**Board Members:**  
James A Cuticchia, Chairman  
Hayley S Green, Ex-Officio  
Thomas P Hartwell  
Elena M Kothman  
Anthony K Stankiewicz, Esq

### AUTHORIZATION AGREEMENT FOR MONTHLY DEPOSIT TO ANDOVER FEDERAL CREDIT UNION

I hereby authorize and request the Town of Andover Contributory Retirement System to make payment of any amount owing to me through Bank of America Automated Payroll by initiating credit entries to my account indicated below to Andover Federal Credit Union.

NAME: \_\_\_\_\_

BANK NAME: Andover Federal Credit Union

BANK ADDRESS: 19C Lupine Road  
Andover, MA 01810

ACCOUNT NUMBER AT BANK NAMED ABOVE:  
\_\_\_\_\_

PLEASE CIRCLE ONE ONLY: Savings Account      Checking Account

ROUTING NUMBER FOR BANK NAMED ABOVE:  
211380289

*It is understood that this agreement may be terminated by me at any time by notification to the Credit Union or to the Town of Andover Contributory Retirement System.*

MY SIGNATURE (AUTHORIZING DEPOSIT TO ABOVE ACCOUNT):

\_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

↓ Please do not write below this line – this is reserved for Retirement Office personnel only. ↓

Listed as a deduction, 1<sup>st</sup> month? (Y or N): \_\_\_\_\_ Date for 1<sup>st</sup> deduction: \_\_\_\_\_

Expected direct deposit date: \_\_\_\_\_

Credit Union confirmation of member's account number: \_\_\_\_\_

AFCU Representative signature (confirmation): \_\_\_\_\_