



**SOUTHBRIDGE RETIREMENT BOARD**  
**41 Elm Street**  
**Southbridge, Massachusetts 01550**

E-mail: [hthibeault@southbridgemass.org](mailto:hthibeault@southbridgemass.org)

**Members**

Karen S. Harnois, Chairperson, Ex Officio  
Julie A. Pena, Vice Chair, Elected  
James W. Philbrook, Elected  
Wilfrid Cournoyer, Appointed  
Pamela A. Leduc, Fifth Member

Heather Thibeault, **Administrator**  
Tel. (508) 765-4903  
Fax (508) 765-0902

**DIRECT DEPOSIT INFORMATION**

NAME \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_  
BANK NAME \_\_\_\_\_  
ROUTING NUMBER \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
CHECKING OR SAVINGS \_\_\_\_\_

I authorize the Southbridge Retirement System to initiate electronic credit entries and if necessary, debit entries and adjustments for any credit entries in error to the account listed above each pay day. This authority will remain in effect until I have cancelled in writing. **\*\*Form MUST be notarized if not signed in the Retirement office\*\*** Please attach Voided check.

SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS

\_\_\_\_\_, ss \_\_\_\_\_, 20\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me, the undersigned notary public, personally appeared the above-named, \_\_\_\_\_, and proved to me through satisfactory evidence of identification, which was a \_\_\_\_\_, to be the person whose name is signed on the proceeding or attached document, and acknowledged to me that he/she signed it for its stated purpose as his/her free act and deed.

\_\_\_\_\_  
Notary Public  
My commission expires: