

**RETIREE ARMY & AIR FORCE EXCHANGE SERVICE
ADMINISTRATION SERVICE CENTER
DIRECT DEPOSIT FORM FOR PENSION PAYMENTS**

PO BOX 550868 Jacksonville, FL 32255-0868

1-877-247-2769 (Toll Free) 1-904-791-2246 (International Number)

**FORMS MUST BE RETURNED TO THE SERVICE CENTER BY THE 15TH OF THE MONTH
TO BE EFFECTIVE THE FIRST OF THE FOLLOWING MONTH.**

**Form must be completed by your Bank or Financial Institution
IF FORM IS INCOMPLETE YOUR DIRECT DEPOSIT WILL BE DELAYED**

NAME: _____ SSN: _____ - _____ - _____
Please Print (Last Name) (First Name) (Middle Initial)

ADDRESS _____ CITY _____ ST ____ ZIP _____

PHONE: () _____ - _____
DATE: _____

AUTHORIZATION AGREEMENT: I authorize State Street Bank to deposit the pension/annuity payments from the Army & Air Force Exchange Service Pension Program directly into the account named below. This authority will remain in effect until I have given written notice that I have terminated it or until I have been notified that this deposit service has been terminated. I understand that I must give adequate notice to allow reasonable time to act on my instructions. If ever an incorrect amount should be entered into my account, I authorize State Street Bank to direct my bank to make the appropriate credit or debit adjustment.

Pensioner Signature: _____ Date: _____

NOTE: A VOIDED CHECK OR A PERSONALIZED DEPOSIT SLIP MUST BE ATTACHED.

Name of Bank or Financial Institution: _____

Branch Address: _____

City: _____ State: _____ Zip Code: _____

Type of Account: Special Checking___ Regular Checking___ Savings___

Account Number: _____

*Transit Routing/ ABA Number: _____ - _____ - _____

**(If Electronic Funds Transfer is not available, please omit Transit Routing/ ABA Number.)*

*. We verify the accuracy of the above information and agree to refund to State Street Bank any amounts found to be overpayments provided the funds are available in the Pensioner's account.

We verify the accuracy of the above information:

Signature of Bank Officer

Title of Bank Officer

Please print Name of Bank Officer

() _____ - _____
Phone:

Direct Deposit will be through Electronic Funds Transfer unless the bank or financial institution listed above does not participate in the Automatic Clearing House System or is located outside of the United States. **THE FIRST PAYMENT WILL BE VIA CHECK AND WILL BE MAILED TO BANK ADDRESS ON FILE.**