ARMY & AIR FORCE EXCHANGE SERVICE RETIREE ADMINISTRATION SERVICE CENTER DIRECT DEPOSIT FORM FOR PENSION PAYMENTS Retiree Services P.O. Box 24989 Jacksonville, FL 32241-4989 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 Coo	de:	
Type of Account: Specia	l Checking	Regular Checking	3	Savings
Account Number:				
*Transit Routing/ ABA Number:				
We verify the accuracy of the above	information:			
Signature of Bank Officer		Title of	Bank Office	er
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.**