



STATE STREET®

EXCHANGE™  
ARMY & AIR FORCE EXCHANGE SERVICE

**AAFES RETIREE SERVICE CENTER  
DIRECT DEPOSIT FORM FOR PENSION PAYMENTS**

PO 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 5<sup>TH</sup> 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: ( ) \_\_\_\_\_ - \_\_\_\_\_

**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.