



City of Knoxville Pension System
917B East Fifth Avenue
Knoxville, TN 37917-7737
Phone: (865) 215-1444
Fax: (865) 215-1440

DIRECT DEPOSIT FORM

Member's Full Name: _____

Please direct deposit my City of Knoxville Pension Retirement check to the following:

Name of Bank or Credit Union: _____

Choose One: _____ Checking Account _____ Savings Account

Routing Number: _____

Account Number: _____

NOTE: You must attach a blank deposit slip or voided check for verification purposes.

Member Signature: _____ Date: _____

If you do not want to take advantage of direct deposit at this time, please sign below.

Member Signature: _____ Date: _____

OFFICE USE ONLY

RECEIVED BY: _____

DATE: _____