



**DIRECT DEPOSIT FORM
MULTIPLE ACCOUNTS**

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

Member's Full Name: _____

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

(1) Bank or Credit Union Name: _____

Flat Amount: _____ or Entire Net Amount

Choose One: Checking Account Savings Account

Routing Number: _____ Account Number: _____

(2) Bank or Credit Union Name: _____

Flat Amount: _____ Choose One: Checking Account Savings Account

Routing Number: _____ Account Number: _____

(3) Bank or Credit Union Name: _____

Flat Amount: _____ Choose One: Checking Account Savings Account

Routing Number: _____ Account Number: _____

NOTE: You must attach a blank deposit slips or voided checks for verification purposes.

Member Signature: _____ Date: _____

OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____