

City of Knoxville Pension System
Public Safety Complex
1650 Huron Street
Knoxville, TN 37917

Phone: (865) 215-7750 Fax: (865) 215-7758

DIRECT DEPOSIT FORM - MULTPLE ACCOUNTS

| Member's Full Name | Employee ID |
|--|--|
| Please direct deposit my City of Knoxville Pensi | ion Retirement check to the following: |
| (1)Name of Bank or Credit Union | |
| Flat Amount: or | ☐ Entire Net Amount |
| Choose One: Checking Account | ☐ Savings Account |
| Routing Number | Account Number |
| (2)Name of Bank or Credit Union | Flat Amount |
| Choose One: | ☐ Savings Account |
| Routing Number | Account Number |
| (3)Name of Bank or Credit Union | Flat Amount |
| Choose One: | Savings Account |
| Routing Number | Account Number |
| NOTE: You must attach a voided check for verif | fication purposes. |
| Member Signature | Date |
| OFFICE USE ONLY: | |