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

Member's Name: _____ Employee ID: _____

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

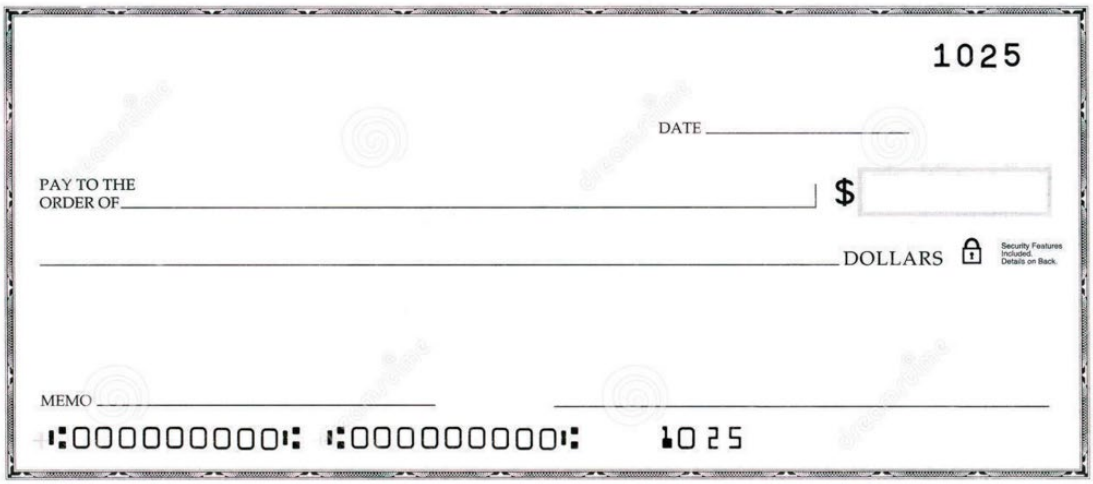
Name of Bank or Credit Union: _____

Choose One: ☐ Checking Account ☐ Savings Account

Routing Number: _____

Account Number: _____

NOTE: Please attach a deposit slip, voided check, or letter from the bank for verification purposes.



Member's Signature: _____ Date: _____

OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____