

MEMORANDUM

TO: CITY OF WARREN RETIREE
FROM: GENERAL EMPLOYEES RETIREMENT SYSTEM
DATE: _____, 2013
RE: DIRECT DEPOSIT SUPPRESSION

Our records indicate you are currently receiving a direct deposit advice. If you would like to discontinue receipt of this advice, please sign and return this form to the following address:

CITY OF WARREN
EMPLOYEES RETIREMENT SYSTEM
ONE CITY SQUARE
SUITE 415
WARREN MI 48093-5287

Thank you.

Retirement Office
(586) 751-6833

Please discontinue mailing of my direct deposit advice.

Signature

Date

Name (Print)