



POLICE AND FIRE PENSION FUND

ONE WEST ADAMS STREET, SUITE 100

JACKSONVILLE, FLORIDA 32202-3616

"We Serve. . .and We Protect"

Telephone (904) 255-7373

Fax (904) 353-8837

DIRECT DEPOSIT APPLICATION FOR RETIRED EMPLOYEES

Along with this application, YOU MUST PROVIDE A BANK DOCUMENT SUCH AS A VOIDED CHECK, OR BANK FORM that will provide us with the necessary account number and routing number information. A pre-notification test record may be sent to your banking institution prior to the actual deposit of your pension benefit into your banking account. Any changes, such as account number changes, or a change in the banking institution, may require a new pre-notification process. During this test process, you will receive a pension check until the direct deposit system can be activated reflecting the new information. We only deposit 100% of the net amount of your pension payment into one account. We can not split the deposit among multiple accounts. We can only deposit your funds to member institutions. While most banks, savings institutions, brokerage firms, and credit unions are members, some are not. The Police and Fire Pension Fund reserves the right to pay by pension check in lieu of direct deposit should any unforeseen or emergency condition arise.

NAME: _____ SS #: _____

BANK NAME: _____

TRANSIT ROUTING #: _____

ACCOUNT #: _____ CHECKING _____ SAVINGS _____

****check one****

I hereby authorize the Police and Fire Pension Fund, and its agents, and the institution named above, to credit my net payment to the above described account number. This authority is to remain in full force and effect until I notify the Police and Fire Pension Fund office in writing of my wish to change the financial institution. I hereby agree to provide the Fund with as much notice of change as possible. I understand that the Fund retains the right to issue pension checks in lieu of direct deposit due to unforeseen or emergency conditions. As a participating retiree in the direct deposit program, I authorize the Fund to withhold from any funds due me, the amount of any unearned funds credited to my personal bank account in my behalf.

SIGNATURE: _____ DATE: _____