

CITY OF BOCA RATON GENERAL EMPLOYEES' PENSION PLAN
201 W. Palmetto Park Rd., Suite 230, Boca Raton, FL 33432

DIRECT DEPOSIT AUTHORIZATION

Name: _____

I hereby authorize the City of Boca Raton General Employees' Pension Plan to direct deposit my pension benefits to the account indicated below. **I UNDERSTAND THAT THIS SERVICE WILL BEGIN FOLLOWING A SUCCESSFUL PRENOTIFICATION TEST (done with the first check run following receipt of the form) AND THAT, IN THE MEANTIME, ACTUAL CHECKS WILL BE ISSUED DIRECTLY TO ME.**

Financial Institution: _____

Account Number: _____ Transit/ABA Number: _____

This is a checking _____ savings _____ account (please check one) on which I am authorized to transact deposits and withdrawals.

This authority is to remain in full force and effect until I submit written notification to change or terminate such arrangement.

I understand that it is my responsibility to notify the Pension Office when I change bank accounts. Also, I understand that in the event monies are erroneously deposited into my account, a debit entry may be initiated to correct such error.

I also understand that I must continue to keep the Pension Office advised of my current home address and, if I do not, this authorization will become null and void.

SIGNATURE: _____ DATE: _____

IF NOT RETURNING IN PERSON, THE FORM MUST BE NOTARIZED AND THE ORIGINAL MAILED TO THE PENSION OFFICE

A VOIDED CHECK IS REQUIRED FOR THE NEW ACCOUNT TO BE ESTABLISHED

SIGNATURE OF MEMBER _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20_____

NOTARY SEAL

Signature of Notary Public

Print, Type or Stamp Name

Personally known

Produced identification of the following type: _____.

FOR OFFICE USE ONLY:

Notarized in Pension Office

NOTARY SHALL NOT BE A RELATIVE