

# CITY OF BOCA RATON GENERAL EMPLOYEES' PENSION PLAN

## 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: \_\_\_\_\_  
(To be completed by Pension Office or Financial Institution)

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: \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK BELOW