



DIRECT DEPOSIT AGREEMENT

City/District: _____ Employee Type: _____
(General, Management, Firefighter, Police Officer)

Instructions:

Please return this agreement, **along with a voided check or copy of check**, to the address below.

If your bank is not a member of the Automated Clearing House (ACH), you will be notified and this authorization will automatically be revoked. It may take up to six (6) weeks to process this request.

Personal Information

Your Name: _____ Social Security #: _____

Your Home Address: _____

City: _____ State: _____ Zip Code: _____

Bank Information

Bank Name: _____ Area & Phone # _____

Branch Address: _____

City: _____ State: _____ Zip Code: _____

ABA/Transit/Routing # (required) : _____

Account Number (required) : _____ () Checking () Savings

Authorization

I authorize the Florida Municipal Pension Trust Fund to make all benefit payments to which I am entitled by direct deposit to the bank account designated above. I understand that the FMPTF is not responsible for incorrect bank account information provided above if a voided check is not provided.

This authorization is to remain in force until I revoke it in writing, or if the Florida Municipal Pension Trust Fund terminates the direct deposit service. I will send all notices relating to direct deposit to the Florida Municipal Pension Trust Fund. I understand that I must allow reasonable time for any changes to be executed.

Signature of Payee (Pensioner)

Date

Print Name of Payee (Pensioner)

Return to:

Florida Municipal Pension Trust Fund
Post Office Box 1757
Tallahassee, FL 32302-1757

Phone: (850) 222-9684 - Fax (850) 222-3806
Email: FMPTF@flcities.com