



DIRECT DEPOSIT AUTHORIZATION FORM

MAIL TO:
 City of Miami Fire & Police
 Retirement Trust
 1895 SW 3 Ave.
 Miami, FL 33129
FAX TO:
 (305) 858-9008

New Agreement

Change

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize the City of Miami Fire Fighters' and Police Officers' Retirement Trust to initiate credit or debit entries to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until The City of Miami Fire Fighters' and Police Officers' Retirement Trust has received written notification from me of its termination in such time and in such manner as to afford The City of Miami Fire Fighters' and Police Officers' Retirement Trust and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for my retirement benefit payments.

Retiree/Beneficiary Name: _____

Date of Birth: _____ Social Security Number: _____

Signature: _____ Date: _____

Select One: Checking Account Savings Account

Financial Institution:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Transit/ABA Number: _____ Account Number: _____

Jane A. Doe 1000 Main St. Anywhere, USA 10001	SAMPLE CHECK	3680
PAY TO THE ORDER OF: _____ \$ _____		
_____ DOLLARS		
<small>transit/aba</small> : 123456789 :	<small>account number</small> 11484620040	3680

Attach voided check for checking accounts. Attach savings deposit slip for savings acct

Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.