AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

TO: CITY OF FORT PIERCE, RETIREMENT -FINANCE DEPARTMENT

_____

PRINT Retiree Name

I HEREBY AUTHORIZE THE CITY OF FORT PIERCE TO INITIATE DIRECT DEPOSITS TO MY CHECKING/SAVINGS ACCOUNT THAT IS PROVIDED BELOW.

SOCIAL SECURITY #

THIS AUTHORIZATION IS TO REMAIN EFFECTIVE UNTIL THE CITY OF FORT PIERCE HAS RECEIVED WRITTEN NOTIFICATION FROM ME OR AN AUTHORIZED BANK OF ITS TERMINATION.

Employee Signature _____ Date _____

PLEASE NOTE: A 30 DAY NOTICE IS REQUIRED FOR ENROLLMENT AND/OR CHANGES TO ANY DIRECT DEPOSIT.

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ACCOUNT INFORMATION– TO BE FILLED OUT BY FINANCIAL INSTITUTION

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A copy of a voided check with your name on it may be used in place of the below account information

BANK/DEPOSITORY NAME:_____

BANK ADDRESS: _____

BANK TELEPHONE NUMBER (_____) _____-_____

TRANSIT/ABA NUMBER:

ACCOUNT NUMBER:

Type of Account: Checking Account ☐ Savings ☐

Is this account in the above employee's name? Yes ☐ No ☐

_____ _____

PRINT Name of Authorized Agent Signature of Authorized Agent

Return to: City of Fort Pierce Finance
Attn: Retirement
P.O Box Fort Pierce, FL 34954-1480

Phone (772) 467-3080