

Employer Name:

Florida Municipal Pension Trust Fund Mailing address: ATTN: Retirement Services P.O. Box 1757

Tallahassee, FL 32302-1757

Email: FMPTF@flcities.com

Telephone: Toll free (888) 945-7401 Fax: 850-222-380

DIRECT DEPOSIT AGREEMENT

Instructions: Please return this agreement, al	ong with a voided chec	ek or conv of chack to:
riease retuiri tilis agreement, <u>ai</u>	Florida Municipal Pensio P.O. Box 1757 Tallahassee, FL 32302	<u> </u>
If your bank is not a member of the automatically be revoked. It may ta		ACH), you will be notified, and this authorization will cess this request.
Personal Information		
Your Name:		*Social Security #:
Your Home Address:		
City:	State:	Zip Code:
Phone Number:	Email Address:	
Bank Information		
Bank Name:		Phone #
Branch Address:		
City:	State:	Zip Code:
ABA/Transit/Routing	# (required) :	
Account Number (required) :		Checking Savings
to the bank account designated abo	ove. To correct any overpaym	benefit payments to which I am entitled by direct deposit nents credited to my account during or after my lifetime, I t my account and refund such overpayments to Florida
	nd all notices relating to direc	or if the Florida Municipal Pension Trust Fund terminates at deposit to the Florida Municipal Pension Trust Fund. I be executed.
Signature of Payee (Pensioner)		Date
Printed Name of Payee (Pension	ner)	
*Social Security numbers are requested and maintained on beha purposes. Social Security numbers are also used as a unique nun		r data collection, reconciliation, tracking, benefit processing, tax reporting, and identity verification ches for retirees.