

DIRECT DEPOSIT AGREEMENT

Plan Name: _____

Instructions:

Please return this agreement, **along with a voided check or copy of check**, to:

Florida Municipal Pension Trust Fund
P.O. Box 1757
Tallahassee, FL 32302

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. To correct any overpayments credited to my account during or after my lifetime, I hereby authorize and direct the bank designated above to debit my account and refund such overpayments to Florida Municipal Pension Trust Fund.

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)