

# Direct Deposit Agreement

Plan Name Sunrise Police Officers' Retirement Plan Account Number On File

**Instructions.** If you wish to have pension checks deposited electronically into your financial institution account, **please return this agreement to your former employer or pension fund office**, along with a voided check or voided savings deposit form. If your bank is not a member of the Automated Clearing House (ACH), your former employer or pension fund office will notify you, and this authorization will be canceled. All banking information must be approved and submitted by a Plan Representative.

## 1 PERSONAL INFORMATION

Your Name  Social Security Number

Home Address  City  State  Zip

## 2 FINANCIAL INSTITUTION INFORMATION

Financial Institution Name  ABA Routing Number

Branch Address  City  State  Zip

Account Number  Account Name

Account Number

ABA Routing Number

FOR

22105278 6724301068

2400

91-04871221

\$

DOLLARS

FOR

22105278 6724301068 2400

Account Type (check one):

☐ Checking ☐ Savings

## 3 AUTHORIZATION

I authorize Fiduciary Trust Company International to make all benefit payments to which I am entitled by direct deposit to the account designated above. To correct any overpayments made to my account during or after my lifetime, I hereby authorize and direct the financial institution designated above to debit my account and refund such overpayment to Fiduciary Trust Company International.

This authorization is to remain in force until I revoke it in writing or if Fiduciary Trust Company International terminates the direct deposit service. I will send all notices relating to direct deposit through my former employer or pension fund. I understand that I must allow reasonable time for any changes to be executed.

X

Signature of Plan Participant Date

Print Name of Plan Participant

X

Signature of Authorized Plan Representative

Print Name of Authorized Plan Representative