



# CITY OF BOYNTON BEACH MUNICIPAL FIREFIGHTERS PENSION TRUST FUND



## DIRECT DEPOSIT AGREEMENT

If you wish to have pension checks deposited electronically into your financial institution account, PLEASE RETURN THIS AGREEMENT TO THE PENSION ADMINISTRATOR, along with a voided check or voided savings deposit form. If your bank is not a member of the Automated Clearing House (ACH), your Pension Administrator will notify you, and this authorization will be canceled. All banking information must be approved by the Board of Trustees (or their designee).

### A. PERSONAL INFORMATION

Your Name (Last, First Middle):

\_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### B. FINANCIAL INSTITUTION INFORMATION

Financial Institution Name \_\_\_\_\_ ABA Routing Number \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Branch Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Account Number \_\_\_\_\_ Name on Account \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

### C. AUTHORIZATION

I authorize the City of Boynton Beach Municipal Firefighters Pension Trust Fund 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 the City of Boynton Beach Municipal Firefighters Pension Trust Fund bank or institution of their choice. The authorization is to remain in force until I revoke it in writing or if the City of Boynton Beach Municipal Firefighters Pension Trust Fund terminates the direct deposit service. I will send all notices relating to direct deposit through the City of Boynton Beach Municipal Firefighters Pension Trust Fund. I understand that I must allow reasonable time for any changes to be executed.

\_\_\_\_\_  
Signature of Fund Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Fund Member

Official Use Only

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Changed at Bank: \_\_\_\_\_

**Remember to Visit Us: [bbffp.org](http://bbffp.org)**