



## DIRECT DEPOSIT AGREEMENT

City/District: \_\_\_\_\_ Employee Type: \_\_\_\_\_  
(General, Management, Firefighter, Police Officer)

### Instructions:

Please return this agreement, **along with a voided check or copy of check**, to the address below.

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. I understand that the FMPTF is not responsible for incorrect bank account information provided above if a voided check is not provided.

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)

### Return to:

Florida Municipal Pension Trust Fund  
Post Office Box 1757  
Tallahassee, FL 32302-1757

Phone: (850) 222-9684 - Fax (850) 222-3806  
Email: [FMPTF@flcities.com](mailto:FMPTF@flcities.com)