



CITY OF FORT LAUDERDALE, FLORIDA
PENSION DIRECT DEPOSIT PROGRAM AUTHORIZATION

I hereby authorize the City of Fort Lauderdale, Florida and the financial institution(s) named below to initiate credit entries (and debit entries or adjustments, if necessary, for any credit entries in error) to the checking and/or savings account(s) listed below. This authority will remain in full force and effect until the City has received written notification from me of its termination along with new depository information. Notification must be received in such time as to afford the City a reasonable opportunity to act upon it.

PLEASE PRINT OR TYPE:

NAME _____

SOCIAL SECURITY NO. _____

DAYTIME PHONE NO. () _____

FIRST ACCOUNT (REQUIRED)	
ACTION REQUESTED (Check One):	START <input type="checkbox"/> CHANGE <input type="checkbox"/> REMAIN AS IN ACTIVE CO. <input type="checkbox"/>
_____	_____
Financial Institution Name	Transit Routing Number
\$ NET PAY	_____
Deposit Amount (999)	Account Number ___ Checking ___ Savings

SECOND ACCOUNT (OPTIONAL)	
ACTION REQUESTED (Check One):	START <input type="checkbox"/> CHANGE <input type="checkbox"/> REMAIN AS IN ACTIVE CO. <input type="checkbox"/> STOP <input type="checkbox"/>
_____	_____
Financial Institution Name	Transit Routing Number
\$	_____
Deposit Amount (996)	Account Number ___ Checking ___ Savings

THIRD ACCOUNT (OPTIONAL)	
ACTION REQUESTED (Check One):	START <input type="checkbox"/> CHANGE <input type="checkbox"/> REMAIN AS IN ACTIVE CO. <input type="checkbox"/> STOP <input type="checkbox"/>
_____	_____
Financial Institution Name	Transit Routing Number
\$	_____
Deposit Amount (998)	Account Number ___ Checking ___ Savings

SIGNATURE _____ DATE _____

DIRECT DEPOSIT PROGRAM RULES

You **MUST** provide a VOID check with your name for each checking account and deposit slip with your name for each savings account listed above. If your name is **not** on the void check or deposit slip, you **must** provide a copy of your official photo Identification. Your payment can be deposited into any bank, credit union, savings institution, brokerage firm, etc. that is an Automatic Clearing House (ACH) member.

A prenotification test record will be sent to your institution(s) prior to the actual deposit of your pay into your account(s). By banking regulations your institutions must be allowed ten (10) banking days to verify the test data. **During this prenotification test period you will continue to be paid by check.** Any subsequent changes in institutions and/or account numbers will require a new prenotification test process during which time you will again be paid by check.

Due to the prenotification test process, additions and changes will take effect in two to three monthly payrolls.