

**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 #: **XXX-XX-** _____ EMAIL ADDRESS: _____
 HOME PHONE NO: () _____ CELL PHONE NO: () _____

PRIMARY ACCOUNT (REQUIRED)

ACTION REQUESTED (Check One): START NEW CHANGE SAME AS EMPLOYEE PAYROLL STOP

\$ NET PAY _____ Checking Savings
Deposit Amount (999) Financial Institution Name

_____ _____
Transit Routing Number Account Number

SECONDARY ACCOUNT (OPTIONAL)

ACTION REQUESTED (Check One): START NEW CHANGE SAME AS EMPLOYEE PAYROLL STOP

\$ _____ Checking Savings
Deposit Amount (996) Financial Institution Name

_____ _____
Transit Routing Number Account Number

ADDITIONAL ACCOUNT (OPTIONAL)

ACTION REQUESTED (Check One): START NEW CHANGE SAME AS EMPLOYEE PAYROLL STOP

\$ _____ Checking Savings
Deposit Amount (998) Financial Institution Name

_____ _____
Transit Routing Number Account Number

IMPORTANT

You MUST provide appropriate documentation for each account listed:
 Voided Check -or- Letter/Notice from Bank containing all the following:
 Savings Account Deposit Slip a)Bank Name b)Your Name c)Routing Number d)Account Number

Generally, the cutoff date for changes is the 15th of the month for the following month.
 Changes of accounts take 2 pay cycles to complete, for your next pay cycle a paper check will be sent to your address on file.

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.

SIGNATURE: _____ DATE: _____

LEGEND

START NEW - A new account with no prior direct deposit established before
 CHANGE - Changing to a completely different/new account
 SAME AS EMPLOYEE PAYROLL - Using the same account as employee payroll deposits (new retirees only)
 STOP - Stop all future deposit to this account permanently

Return to:

General Employees Retirement System: Fax (954) 828-5270 Phone (954) 828-5171
Police & Fire Retirement System: Fax (954) 828-5532 Phone (954) 828-5595

Verified _____