

AP#:                      Name:                      SS#:  
**POLICEMEN'S ANNUITY & BENEFIT FUND**

DIRECT DEPOSIT AUTHORIZATION

**UNDER THE PROVISIONS OF THE RETIREMENT BOARD OF THE POLICEMEN'S ANNUITY & BENEFIT FUND, CITY OF CHICAGO, "THE FUND", I HEREBY REQUEST AND AUTHORIZE THE BOARD TO FORWARD EACH ANNUITY/DISABILITY PAYMENT AS IT BECOMES DUE BY ELECTRONIC FUND TRANSFER, TO MY ACCOUNT AS LISTED:**

I HEREBY AUTHORIZE THE FUND TO AUTOMATICALLY DEPOSIT MY NET PAY TO MY ACCOUNT.

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE (    ) \_\_\_\_\_

AUTHORIZED SIGNOR(S) ON ACCOUNT, OTHER THAN SELF:

\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

*(MUST BE 9 DIGITS ONLY)*

CHECK ONE:     CHECKING     SAVINGS

THIS AUTHORITY (1) WILL REMAIN IN EFFECT UNTIL I GIVE WRITTEN NOTICE TO CANCEL IT AND (2) ALL CHANGES IN PERSONS AUTHORIZED AS SIGNOR ON ACCOUNT ARE TO BE REPORTED WITHIN 21 DAYS OF CHANGE. IT IS UNDERSTOOD THAT THE FUND HAS THE RIGHT TO REQUEST, FROM TIME TO TIME, PROOF THAT I AM STILL LIVING.

**RETENTION OR USE OF THESE FUNDS AFTER THE DEATH OF THE RECIPIENT MAY CONSITUTE PENSION FRAUD AND AS SUCH ALL SIGNORS ON THE ACCOUNT SHOULD BE ADVISED THAT THE FUND RESERVES THE RIGHT AND WILL VIGORIOUSLY PURSUE ANY FUNDS WRONGFULLY RETAINED AND/OR USED.**

ANNUITANT SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE (    ) \_\_\_\_\_

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, AD 20\_\_\_\_, IN THE COUNTY OF \_\_\_\_\_, IN THE STATE OF \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SEAL

**TO BE FILLED OUT BY OFFICER OF FINANCIAL INSTITUTION:**

THE ABOVE IS SATISFACTORY TO (FINANCIAL INSTITUTION) \_\_\_\_\_ WHICH IS INSURED BY AN AGENCY OF THE FEDERAL GVT. AND AGREES TO ACCEPT SUCH DEPOSITS AND IN CONSIDERATION OF SUCH PAYMENT BY THE FUND, AGREES THAT IT WILL NOT ACCEPT ANY DEPOSIT AFTER NOTICE OF THE DEATH OF THE ANNUITANT, AND THAT IT WILL REFUND FROM ANNUITANT'S ACCOUNT TO THE EXTENT OF MONIES THEN AVAILABLE THEREIN ANY PAYMENTS TO WHICH THE ANNUITANT WAS NOT ENTITLED BY REASON OF HIS/HER DEATH PRIOR TO THE DUE DATE OF SUCH ANNUITY PAYMENT, IN ACCORDANCE WITH THE AUTHORIZATION GIVEN TO FINANCIAL INSTITUTION BY SAID ANNUITANT.

SIGNATURE OF BANK OFFICER \_\_\_\_\_ DATE \_\_\_\_\_