



The Retirement Board of the
Policemen's Annuity and Benefit Fund of Chicago

221 North LaSalle St - Suite 1626, Chicago, IL 60601
Office: (312) 744-3891 Website: www.chipabf.org

DIRECT DEPOSIT AUTHORIZATION

AP#: \_\_\_\_\_ Name: \_\_\_\_\_ SS#:XXX-XX-\_\_\_\_\_

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 INTO MY ACCOUNT:

NAME OF THE 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 WILL REMAIN IN EFFECT UNTIL I GIVE WRITTEN NOTICE TO CANCEL IT. I FURTHER ACKNOWLEDGE I MUST REPORT ANY AND ALL CHANGES IN PERSONS AUTHORIZED AS SIGNOR ON MY ACCOUNT WITHIN 21 DAYS OF A CHANGE. I ALSO UNDERSTAND 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 ( ) \_\_\_\_\_

A COPY OF YOUR DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED IDENTIFICATION MUST BE SUBMITTED WITH THIS FORM.

NO CHANGES WILL BE MADE WITHOUT PROOF OF YOUR IDENTITY.