



*City Pension Fund for Firefighters and Police Officers
in the City of Miami Beach*



FROM: Donna Brito 
Executive Director

SUBJECT: *Direct Deposit of Pension Payroll
Change in Financial Institution*

Please complete the enclosed authorization agreement for a change in direct deposit and have your bank complete the electronic transfer information. Return both forms to the Fire and Police Pension Office.

Please note that the first month (IF DIRECT DEPOSIT FORMS ARE RECEIVED PRIOR TO PENSION DEADLINE), WILL BE A TEST MONTH and physical checks will be mailed to your home on the last working day of that month, NOT deposited to the previously named institution. IF THE DIRECT DEPOSIT FORMS ARE RECEIVED AFTER THE PENSION DEADLINE DATE, THERE MAY BE AN ADDITIONAL MONTH BEFORE THE TEST MONTH CAN BE ACTIVATED.

Please do not hesitate to contact our office if you have any questions or require further information.

DB/mjb

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AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the direct deposit of my monthly pension paid by the City Pension Fund for Firefighters and Police Officers in the City of Miami Beach into the account and financial institution indicated below. Such direct deposit will be made on the last working day of the month, unless I choose to terminate this agreement in writing to the Fire and Police Pension Office. Any such notification to the Fire and Police Pension Office shall become effective at the earliest time the Fire and Police Pension Office is able to implement same.

In the event the City Pension Fund for Firefighters and Police Officers in the City of Miami Beach deposits funds erroneously into my account, I authorize the City Pension Fund for Firefighters and Police Officers in the City of Miami Beach to debit my account for an amount not to exceed the original amount of the credit.

I authorize the depository bank to refund to the City Pension Fund for Firefighters and Police Officers in the City of Miami Beach, any payments made subsequent to my entitlement to them.

It is expressly understood and agreed that the Board of Trustees is performing the above service as an accommodation to the undersigned and neither the Board nor the Funds shall be responsible for any loss, liability or damage connected with such service (or the failure to perform such service), except in the case of bad faith on the part of the Board of Trustees.

NAME OF BANK: _____

ADDRESS: _____

CITY, STATE, ZIP CODE _____

CREDIT TO
CHECKING ACCOUNT NUMBER: _____

or

SAVINGS ACCOUNT NUMBER: _____

SIGNATURE: _____

PRINT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE _____

DATE: _____



TO BE COMPLETED BY FINANCIAL INSTITUTION

PENSIONER'S NAME: _____

SOCIAL SECURITY NUMBER: _____

PLEASE FORWARD FUNDS BY ELECTRONIC TRANSFER TO:

NAME OF DEPOSITORY BANK: _____

CHECKING ACCOUNT NUMBER _____

or

SAVINGS ACCOUNT NUMBER _____

BANK ROUTING NUMBER: _____

BANK'S ADDRESS: _____

TELEPHONE NUMBER: _____

CONTACT PERSON: _____

NAME OF DEPOSITORY BANK: _____

SIGNATURE OF BANK OFFICER: _____

TITLE OF OFFICER: _____

DATE: _____

RETURN TO:

**Donna Brito
Executive Director
Fire and Police Pension Office
1691 Michigan Avenue, Suite 355
Miami Beach, FL 33139-2573**

Your social security number is requested for purposes of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; for processing of retirement benefits; for verification of retirement benefits; for income reporting; or for other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes. The collection and use of your social security number is authorized by Section 119.071(5)(a)(2)(a)(II), Florida Statutes.

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1691 Michigan Avenue • Suite 355 • Miami Beach, Florida 33139-2573 • (305) 673-7039

