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

FROM: *Celia B. Locke, CEBS*
Executive Director

SUBJECT: *Direct Deposit of Pension Payroll*

Please complete the enclosed authorization agreement for direct deposit and have your bank complete the electronic transfer information. Return both forms to the Fire and Police Pension Office. We would also appreciate receiving a copy of a void check or deposit slip for our files.

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. 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.

WE WILL NOTIFY YOU, IN WRITING, THE DATE THAT YOUR DIRECT DEPOSIT PROCEDURE WILL BE IMPLEMENTED

It must be understood that any future changes to your direct deposit instructions will generate a paper check for the next pay period, regardless of the change. This will give the Bank, Savings & Loan, Credit Union or other Financial Institution time to verify the routing information before actually transmitting any money. ***IF YOU DECIDE TO CHANGE BANKS OR OTHER FINANCIAL INSTITUTIONS, PLEASE CALL THE FIRE AND POLICE PENSION OFFICE FOR THE APPROPRIATE FORMS****. It is very important that the initial information we receive from you is accurate and complete.*

Should you have any questions, or require further information, please do not hesitate to contact our office.

CBL/db

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

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: _____

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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:

Celia B. Locke, CEBS
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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