

DIRECT DEPOSIT AUTHORIZATION

To initiate Direct Deposit for your Charlotte Firefighters' Retirement System benefit payments, return this completed form to the Charlotte Firefighters' Retirement System Office, 428 East Fourth Street, Suite 205, Charlotte, NC, 28202. Your completed form will be processed in the next available payroll upon receipt.

DO NOT return this form to your bank.

Please print legibly

Payee Name (please print)

Social Security Number (last 4 digits)

Please deposit my net benefit check to my (check one):

- CHECKING (must include a voided check or a form from your bank indicating routing and account number)
- SAVINGS (must include a deposit slip or a form from your bank indicating routing and account number)

Account number _____

Name of Bank or Financial Institution _____

Bank Location: (City & State) _____

ABA (Routing) Number: _____

I hereby authorize the Charlotte Firefighters' Retirement System (CFRS) to deposit the payment described above to my account at the financial institution named above. The CFRS is authorized to adjust any over-deposit which is caused to be made to my account through the direct deposit program. I understand that any errors made by my financial institution in crediting deposits properly transferred by the CFRS will be my responsibility to resolve.

Date _____

Signature

OFFICE USE ONLY:

- | | | | |
|--------|--------------------------|---------|--------------------------|
| USBank | <input type="checkbox"/> | Scan | <input type="checkbox"/> |
| Recon | <input type="checkbox"/> | Upload | <input type="checkbox"/> |
| IPAS | <input type="checkbox"/> | K Drive | <input type="checkbox"/> |