

ELECTRONIC FUNDS TRANSFER / DIRECT DEPOSIT

Last Name (please print) _____
First Name _____
Middle Initial _____
Social Security Number (last 4 digits) XXX-XX-

Mailing Address _____
Email Address

City _____
State _____
Zip _____
Phone Number (_____) - _____ - _____

Direct Deposit Bank Information

- You may have your benefit payment deposited in up to five accounts. Use another sheet for more than two accounts.
- You must be an authorized signer on all accounts listed.
- **Power Of Attorney Information:** If you have power of attorney for an FPPA member, you must include a certified copy* of the power of attorney documents before this form can be processed.
* A copy that is compared to the original document and attested to by a notary.

Please attach a voided check or deposit slip for EACH account listed.

1. Bank Name _____ Checking - OR - Savings
Account # _____ Account Routing # _____
Deposit the Full Amount - OR - Amount to Deposit \$ _____

2. Bank Name _____ Checking - OR - Savings
Account # _____ Account Routing # _____
Deposit the Full Amount - OR - Amount to Deposit \$ _____

Deposit Advice Mailing Options

When selecting your mailing option, please remember retirees may access all of their pension benefit information including deposit advices 24 hrs a day / 7 days a week by logging on to the Member Account Portal (MAP) located on the FPPA web site at www.FPPAco.org. Your option election may be changed at any time (by form or on MAP).

- Option A Deposit Advice Mailed ONLY When Net Amount Changes** - No Monthly Fee Charged
Deposit advices will be mailed only in the event of a change in the net benefit amount.
- Option B Deposit Advice Mailed Monthly** - \$3.00 Monthly Mailing Fee Charged
Retirees will be mailed a deposit advice and have a \$3.00 Monthly Mailing Fee deducted from their pension benefit amount every month regardless if there is a change in the net benefit amount or not.
- Option C Deposit Advice Never Mailed** - No Monthly Fee Charged
Retirees will not receive a deposit advice monthly regardless if there is a change in the net benefit or not.

I hereby authorize the FPPA to automatically deposit my pension payment into the account(s) listed. I understand that my benefit payment will be credited to my account(s) on the 21st of each month. If that date occurs on a weekend or holiday, my account will then be credited on the preceding business day.

Signature of Retiree or Legal Representative _____ / _____ / _____
Date