CITY OF LEESBURG MUNICIPAL FIREFIGHTERS' RETIREMENT PLAN

DIRECT DEPOSIT FORM

If you wish to have pension checks deposited electronically into your financial institution account, PLEASE RETURN THIS AGREEMENT TO THEPENSION ADMINISTRATOR, along with a voided check or voided savings deposit form. If your bank is not a member of the Automated Clearing House (ACH), your Pension Administrator will notify you, and this authorization will be canceled. All banking information must be approved by the Board of rustees (or their designee).

EMPLOYEE DATA

Member Name: _____ **Date of Hire :** _____/_____/_____

Marital Status: _____ **SS#***: _____- _____- _____ **Date of Birth:** _____/_____/_____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone : (_____)_____ **Personal E-mail Address:**_____

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name _____

ABA Routing Number_____

Account Number _____

Branch Address City State Zip:_____

_____

Name on Account: _____

AUTHORIZATION

I authorize the City of Leesburg Municipal Firefighters' Retirement Plan to make all benefit payments to which I am entitled by directdeposit to the account designated above. To correct any overpayments made to my account during or after my lifetime, I hereby authorize and direct the financial institution designated above to debit my account and refund such overpayment to the City of Leesburg Municipal Firefighters Retirement Plan bank or institution of their choice. The authorization is to remain in force until I revoke it in writing or if the City of Leesburg Municipal Firefighters Retirement Plan terminates the direct deposit service. I will send all notices relating to direct deposit through the City of Leesburg Municipal Firefighters Retirement Plan. I understand that I must allow reasonable time for any changes to be executed.

_____ _____
Member Signature **Date**

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me by means of:
[ ] physical presence or [ ] online notarization

this _____/_____/_____ by _____, who is personally known to me
(date) (name of person acknowledging)

or who has produced _____as identification and who did (did not) take an oath.
(Type of Identification Produced)

_____
(Signature of Notary Public)

Return To: City of Leesburg Municipal Firemen's Retirement Plan
33937 Tarawood Drive
Leesburg, Florida 34788

*SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT
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.

Office use only

Updated/Entered By: _____ *Date:* _____