

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS



D A L L A S
POLICE & FIRE
PENSION SYSTEM



Name _____

Last 4 digits of SS# _____

- Police Department Fire Department
 Regular Supplemental

AUTHORIZATION AGREEMENT

I hereby authorize the Dallas Police & Fire Pension System to deposit my benefits directly into my checking/savings account. For a **checking account**, I have attached a printed check showing my routing and account numbers. I have written the word **VOID** in large letters on this printed check.

For a **savings account**, please attach a Verification of Deposit letter from your bank that includes your routing and savings account numbers.

I understand that:

1. This election will remain in effect until I change it.
2. In order to ensure that a change in election is effective, the original form must be received by the Pension Office by the **15th day of the month**.
3. When the form is received by the **15th day of the month**, deposits will be made into my account beginning on the last business day of that month.
4. **DPFP will verify the authenticity of this document prior to processing any change to the member's account.**

Please tape check or attach Verification of Deposit letter to this form

Signature: _____

Date: _____

Please return this form to:
DALLAS POLICE & FIRE PENSION SYSTEM
4100 Harry Hines Blvd., Suite 100
Dallas, Texas 75219