

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

I hereby authorize the Dallas Police & Fire Pension System to deposit my benefits directly into my checking or savings account. To validate the routing and account number, I am including either a personal check with the word, "VOID" written across it, or a bank-issued verification of deposit letter/document.

I understand and agree to the following:

1. The account designated for direct deposits must be held in my name.
2. Deposits can only be made directly to a U.S. bank whose routing number can be verified through the American Bankers Association. No deposits will be made to peer-to-peer banking apps such as Cash App, Venmo, Zelle, etc.
3. This election will remain in effect until I change it.
4. 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**. 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.
5. DPFP will attempt to contact the member to verify the authenticity of this document prior to processing any change to the member's account.
6. DPFP reserves the right to reject this form for any reason, including but not limited to situations where this form or supporting documentation is insufficient, cannot be verified, or the financial institution is deemed unacceptable.

If you are including a voided check, you may tape it here or can include it as a separate attachment.

Signature: _____

Date: _____

You may return this form to:
Dallas Police & Fire Pension System
4100 Harry Hines Blvd. Suite 100
Dallas, TX 75219

For Office Use Only

Date Received: _____ Verified by: _____ Effective Date: _____