FIREFIGHTERS' RETIREMENT SYSTEM

P. O. Box 94095-Baton Rouge, LA 70804-9095
Telephone 225/925-4060 Fax: 225/925-4062

(R 02/96)

AUTHORIZATION FOR DIRECT DEPOSIT

SECTION I - NAME OF PAYEE

I authorize and request the Firefighters' Retirement System (FRS) to direct the net amount of my monthly benefit payment for crediting to my account at the financial organization designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. This authorization will remain in effect until cancelled by written notice from me to FRS.

I authorize the bank to release to FRS on request my current mailing address, the names, mailing addresses, if known, of any individuals authorized to sign on my account, and the names and addresses, if known, of individuals who have power of attorney to withdraw funds from my account.

If my death shall occur prior to the due date of any payment which shall have been made by FRS in compliance with this request, the below mentioned financial organization will refund such payments to FRS in accordance with the agreement annexed hereto.

I further authorize FRS to initiate electronic funds transfer debit transactions to retrieve payment sent but not due in the event that my death occurred.

SECTION II - RETIREE/PAYEE INFORMATION

PAYEE NAME: LAST | FIRST | MI | SUFFIX(JR.,III etc)

SOCIAL SECURITY NUMBER ___-___-____

PAYEE MAILING ADDRESS: STREET/P.O. BOX

CITY | STATE | ZIP

PAYEE TELEPHONE NUMBER ( )

PAYEE HOME ADDRESS: STREET ADDRESS ONLY(if different)

CITY | STATE | ZIP

SECTION III - FINANCIAL ORGANIZATION INFORMATION

NAME OF FINANCIAL ORGANIZATION

BANK ACCOUNT NUMBER

ADDRESS: STREET/P.O.BOX

CITY | STATE | ZIP

☐ CHECKING ☐ SAVINGS

IS YOUR ACCOUNT AT THIS BANK A JOINT ACCOUNT?
☐ yes ☐ no

SIGNATURE OF JOINT SIGNER (IF ANY)

RELATIONSHIP TO RETIREE/PAYEE

ADDRESS OF JOINT SIGNER: STREET ADDRESS ONLY

SOCIAL SECURITY NUMBER OF JOINT SIGNER ___-___-____

CITY | STATE | ZIP

JOINT SIGNER TELEPHONE NUMBER ( )

Payee's Signature _____

PAYEE'S SIGNATURE WITNESSED BY:

DATE SIGNED: ___ ___ ___ (MO DAY YR)

_____ Signature of Financial Officer

_____ Signature of Financial Officer

ACH ROUTING NUMBER ___-[redacted]

☐ Check here IF NOT MEMBER of the automated Clearing House (ACH) System

SECTION IV - FINANCIAL ORGANIZATION AGREEMENT (To be executed by financial organization)

In consideration of the Firefighters Retirement System (FRS) making payments in accordance with the foregoing request without requiring the personal endorsement of the payee, we hereby agree to repay and refund to FRS on demand, subject to disposition required by law, the amount of any funds on deposit at the time of demand that are due FRS by reason of death of the retiree. We further agree to accept the certification of FRS as to the date of death of such payee as sufficient evidence of date of death.

DATED AT _____ THIS _____ DAY OF _____, 19____

(Bank Seal)

_____ Signature & Title of Financial Officer

(_____) _____ Telephone Number

(_____) _____ Toll Free Number

RETURN ORIGINAL TO FIREFIGHTERS' RETIREMENT SYSTEM

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