

CITY OF SEATTLE

Mail to:

Seattle Firefighters Pension Board
2200 6th Ave., Suite 820
Seattle, WA 98121-1822
Phone: 206-625-4355 or 1-800-993-3473
Fax: 206-625-4521

AUTHORIZATION FOR DIRECT DEPOSIT

Section A: To be completed by retiree – Please Print

Name of payee _____

I, _____, hereby authorize and request the Seattle Firefighters Pension Board to transfer the full amount of my monthly retirement benefit, after authorized deductions, to the designated financial institution for deposit. The designated financial institution to provide information to Seattle Firefighters Pension Board regarding address changes and account information to ensure proper and timely processing of deposit transactions. The designated financial institution to refund to the Seattle Firefighters Pension Board any overpayments to my account made subsequent to my death or payments made in error.

Mailing address of payee (number, street, city, state and zip code)

Name of retiree (if different from payee)

Signature of payee

Section B: Attach a voided check or have a financial institution fill out the information below:

We hereby agree to receive and deposit sums for the payee named herein, in accordance with conditions established by the Seattle Firefighters Pension Board. We further agree to refund to the Seattle Firefighters Pension Board any payments received, in accordance with this agreement, which were paid in error or to which the payee was not entitled by reason of errors or his/her death prior to the dates of such payments.

Name of Financial Institution _____ Transit/Routing No. _____

Payment mailing address _____

Account No. _____ Checking _____ Savings _____

Street _____ City _____ State _____ Zip Code _____

Phone _____ Financial Institution Authorized Signature _____

Date _____ Title _____