City of Seattle
Return completed form by mail or email:
Seattle Firefighters Pension Board
2200 6th Avenue, Suite 820
Seattle, WA 98121-1822
Email: seattlefirepension@seattle.gov
Phone: 206-625-4355

AUTHORIZATION FOR DIRECT DEPOSIT

Section A: To be completed by payee, spouse or POA – Please Print

Please check one or both boxes below indicating the payments you would like to receive as a direct deposit:

☐ **Medical/Supplier Reimbursements** ☐ **Pension Payments**

_____ _____
Payee Name **W9 Number, if applicable**

I, _____, hereby authorize and request the Seattle Firefighters Pension Board to process all requested medical and/or retirement benefits, 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 after my death or payments made in error.

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

_____ _____
Phone Number: ☐ **Cell** ☐ **Home** ☐ **Work** **Email**

_____ _____
Signature of Payee or POA **Date**

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 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 payment(s).

_____ _____
Name of Financial Institution **Phone**

☐ **Checking** ☐ **Savings** _____ _____
Transit/Routing Number **Account Number**

_____
Branch Address (number, street, city, state and zip)

_____ _____
Financial Institution Authorized Signature **Date**