

Autopay Authorization Agreement



D A L L A S
POLICE & FIRE
PENSION SYSTEM



Member's name _____

Member's Social Security number: _____
Police Department Fire Department

Authorization Agreement for Pre-Arranged Payments (ACH Debits)

I authorize the Dallas Police & Fire Pension System (the System) to initiate debit entries to my checking account in the bank, savings and loan, or credit union named below. The System may debit such account for the purpose of paying authorized premiums (offered through the City of Dallas) for the following:

- Health Insurance**
- Burial Fund (Fire only)**
- Life Insurance**

Banking institution name (please print) _____

This authority is to remain in full force and effect until the System and my banking institution have received written notification from me of its termination in such time and in such manner as to afford the System and my banking institution a reasonable opportunity to act on it prior to charging the account.

Signature _____

Date _____

Remember to include a voided check.