

AUTHORIZATION AGREEMENT for DIRECT DEPOSITS

Name _____

SS# _____



D A L L A S
POLICE & FIRE
PENSION SYSTEM



Police Department Fire Department

PRIMARY & SECONDARY ACCOUNT AUTHORIZATION AGREEMENT

Primary Bank Name: _____

Amount to Be Deposited: _____

Secondary Bank Name: _____

Amount to Be Deposited: _____

I hereby authorize the Dallas Police & Fire Pension System to deposit my benefits directly into my primary and secondary accounts. I have attached a printed check showing my account number. I have written the word **VOID** in large letters on this printed check.

Signature: _____ Date: _____

I understand that:

1. This election will remain in effect until I change it
2. I may change elections as often as I wish
3. Deposits will be made into my account on the first business day of the following month
4. In order to ensure that a change in election is effective, I must have it in the Pension Office by the 10th working day of the month.

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority on this the _____ day of,

_____, 20_____

Notary Public In And For

County

Please return this form to:
DALLAS POLICE & FIRE PENSION SYSTEM
4100 Harry Hines Suite 100
Dallas, Texas 75219

3/12/2012