

# Authorization Agreement for Direct Deposits



D A L L A S  
**POLICE & FIRE**  
PENSION SYSTEM



Member's name \_\_\_\_\_

Member's Social Security number: \_\_\_\_\_  
Police Department  Fire Department

## AUTHORIZATION AGREEMENT

I hereby authorize the Dallas Police & Fire Pension System to deposit my benefits directly into my checking account. 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. To ensure that a change in election is effective, I must have it in the Pension System office by the 10<sup>th</sup> working day of the month.

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