

**AUTHORIZATION AGREEMENT for
DIRECT DEPOSITS**

Name _____

Last 4 digits of SS# _____

- Police Department Fire Department
 Regular Supplemental Other*



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



AUTHORIZATION AGREEMENT

I hereby authorize the Dallas Police & Fire Pension System to deposit my benefits directly into my checking/savings account. For a *checking account*, I have attached a printed check showing my routing and account numbers. I have written the word **VOID** in large letters on this printed check. For a *savings account*, I have attached a deposit slip which includes my routing and account numbers.

I understand that:

1. This election will remain in effect until I change it;
2. In order to ensure that a change in election is effective, it must be received by the Pension Office by the **15th day of the month**;
3. When the form is received by the **15th day of the month**, deposits will be made into my account beginning on the last business day of that month.

***Other** – If applicable (i.e. Beneficiary, Survivor, DROP only account)

Please tape check or deposit slip here

Signature: _____

Date: _____

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