

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

POLICEMEN'S ANNUITY & BENEFIT FUND

DIRECT DEPOSIT AUTHORIZATION

UNDER THE PROVISIONS OF THE RETIREMENT BOARD OF THE POLICEMEN'S ANNUITY & BENEFIT FUND, CITY OF CHICAGO, I HEREBY REQUEST AND AUTHORIZE THE BOARD TO FORWARD EACH ANNUITY/DISABILITY PAYMENT AS IT BECOMES DUE BY ELECTRONIC FUND TRANSFER, TO MY ACCOUNT AS LISTED:

I HEREBY AUTHORIZE THE POLICEMEN'S ANNUITY AND BENEFIT FUND OF CHICAGO TO AUTOMATICALLY DEPOSIT MY NET PAY TO MY ACCOUNT.

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_

ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
(MUST BE 9 DIGITS ONLY)

CHECK ONE  CHECKING  SAVINGS

THIS AUTHORITY WILL REMAIN IN EFFECT UNTIL I GIVE WRITTEN NOTICE TO CANCEL IT. IT IS UNDERSTOOD THAT THE FUND HAS THE RIGHT TO REQUEST, FROM TIME TO TIME, PROOF THAT I AM STILL LIVING.

ANNUITANT SIGNATURE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, AD 20\_\_\_\_, IN THE COUNTY OF \_\_\_\_\_, IN THE STATE OF \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

SEAL

TO BE FILLED OUT BY OFFICER OF FINANCIAL INSTITUTION  
THE ABOVE IS SATISFACTORY TO (FINANCIAL INSTITUTION) \_\_\_\_\_ WHICH IS INSURED BY AN AGENCY OF THE FEDERAL GVT. AND AGREES TO ACCEPT SUCH DEPOSITS AND IN CONSIDERATION OF SUCH PAYMENT BY THE PABF, AGREES THAT IT WILL NOT ACCEPT ANY DEPOSIT AFTER NOTICE OF THE DEATH OF THE ANNUITANT, AND THAT IT WILL REFUND FROM ANNUITANT'S ACCOUNT TO THE EXTENT OF MONIES THEN AVAILABLE THEREIN ANY PAYMENTS TO WHICH THE ANNUITANT WAS NOT ENTITLED BY REASON OF HIS/HER DEATH PRIOR TO THE DUE DATE OF SUCH ANNUITY PAYMENT, IN ACCORDANCE WITH THE AUTHORIZATION GIVE TO FINANCIAL INSTITUTION BY SAID ANNUITANT.

SIGNATURE OF OFFICER \_\_\_\_\_ DATE \_\_\_\_\_