## Fire and Police Disability, Retirement and Death Benefit Plan

1800 SW First Ave., Suite 450, Portland OR 97201 (503) 823-6823; FAX (503) 823-5166; B236/450

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

net pay into my checking/savings account as in (or ASAP).			
FINANCIAL INSTITUTION:			
ACCOUNT NUMBER:			
ACCOUNT TYPE:	CHECKING	SAVINGS	(circle one)
This authorization will remain in effect until a wear Fire and Police Disability, Retirement and Death		•	
If funds to which I am not entitled are inadverte the Fire and Police Disability and Retirement Fu		-	
SOCIAL SECURITY # - LAST FOUR:	XXX-XX-		
NAME (PLEASE PRINT):			
SIGNATURE:			
DATE:			
Attach V	/oided Check		
Statement from Financial Institution	Or on Stating Acco	ount & Routing	n Numbers
		dir a reading	g 11a