

Bureau of Fire & Police Disability & Retirement
1800 SW First Ave., Suite 450, Portland OR 97201
(503) 823-6823; FAX (503) 823-5166; B236/450

**DIRECT DEPOSIT
AUTHORIZATION
AGREEMENT**

I hereby authorize the Bureau of Fire & Police Disability & Retirement to deposit my net pay into my checking/savings account as indicated below effective the pay date of _____ (or ASAP).

FINANCIAL INSTITUTION: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE: CHECKING SAVINGS (check one)

This authorization will remain in effect until a **written** notification is received by the Bureau of Fire & Police Disability & Retirement for its termination or change.

SOCIAL SECURITY # _____
- LAST FOUR DIGITS: **XXX-XX-** _____
NAME (PLEASE PRINT): _____

Signature _____ Date _____

Please print, sign and either mail or fax form to FPDR.

Attach *Voided* Check
Or
Statement from Financial Institution Stating Account & Routing Numbers