

Direct Deposit Agreement

I hereby authorize the Bureau of Fire and Police Disability and Retirement to deposit my net benefit into the account(s) indicated below.

Personal Information

Name (printed)
Social Security Number (only last four digits) XXX-XX-

Primary Account

Financial Institution
Account Number
Account Type (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Secondary Account (Optional)

If you wish to have a fixed dollar amount (no percentages) deposited to a secondary account, please enter the amount below. The balance of your net check will be deposited to your primary account.

Financial Institution
Account Number
Account Type (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Dollar Amount
<i>Please be aware that any one-time or special payments will be deposited entirely to the primary account.</i>

Signature _____ Date _____

Please attach voided check and mail, fax, or email form to FPDR.

Attach Voided Check
or
Statement from Financial Institution with Account & Routing Numbers

