

## City of Fort Lauderdale Direct Deposit Authorization

Please Print or Type:

I hereby authorize the City of Fort Lauderdale, Florida and the institution listed below to deposit my pension benefit directly into my account with that institution. I further authorize the return of any funds that have been deposited into my account that I am not entitled to. This authority will remain in full force and effect until the City has received written notification from me of its termination in such manner as to afford the City a reasonable opportunity to act upon it or until the City has given written notice to me of its termination of this agreement:

Name: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Social Security: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Transit routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Action requested: \_\_\_\_\_ Start \_\_\_\_\_ Change \_\_\_\_\_ Stop

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Direct Deposit Program Rules:

You must provide a VOID check from your account with this application when enrolling for the first time or changing financial institutions or accounts. A prenotification test record will be sent to your bank prior to the actual deposit of your payment into your account. By banking regulations the bank must be allowed time to verify the test data. During the prenotification test period you will continue to be paid by check. Subsequent changes in banks and/or account numbers will require a new prenotification test period during which time you will again be paid by check. Due to the prenotification test process, additions and changes will take effect in two or three monthly payrolls. Stop requests received by the 15<sup>th</sup> of the month will be processed on the next monthly payroll.