

**CITY OF PONTIAC, MICHIGAN
POLICE AND FIRE RETIREMENT SYSTEM**

Direct Deposit
The BEST way to receive your Pension Benefit

And here's why...

Direct deposit is *safe* because your benefit payment is automatically deposited into your bank account – no more worrying about lost or stolen checks or delays caused by mail service.

Direct deposit is *fast* because no matter if you are sick or away from home, your check is still deposited into your account. No more standing in long bank lines or waiting for your check to clear.

Direct deposit is *easy* because your benefit payment is deposited into your checking or savings account on time, correctly and confidentially.

Please take a few minutes and complete the form on the back so you can take advantage of the benefits of Direct Deposit. It will take the Fund Office about 45 days after it receives your authorization to set up the procedure with your bank. You will be notified by mail each month that your check is electronically deposited. Please be assured there will be no interruption in your monthly benefit and there is no cost to you.

*****IMPORTANT*****

If you elect to begin Direct Deposit, please notify the Fund Office *immediately* whenever you change your address so that our records will be updated and you will continue to receive your monthly direct deposit statement.

DIRECT DEPOSIT AGREEMENT

Name of Payee _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Telephone No () _____

Bank Account Information – Attach a voided check from your account and/or complete the information below. See sample check at the bottom of the page for help completing this section. **PLEASE PRINT CLEARLY.**

Routing No. Account No. _____

Type of Account: Checking Savings

Financial Institution

Name _____

Address _____ Telephone Number _____

City _____ State _____ Zip _____

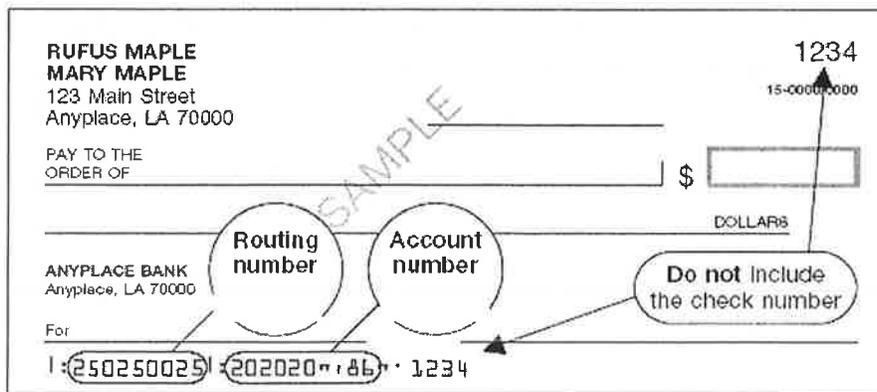
I, the undersigned, hereby authorize the Board of Trustees of the Pension Trust Fund (“the Pension Fund”) to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If at any time the Pension Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the Pension Fund.

Payee Signature _____

Date _____

ATTENTION Surviving Spouses, Beneficiaries, and Alternate Payees: You are receiving this pension benefit as a Beneficiary of a Participant in the pension fund, therefore, please write the name and social security number of that Participant below:

Participant: _____ Social Security No. _____



Note: The routing and account numbers may be in different places on your check.