

**MIAMI BEACH EMPLOYEES' RETIREMENT PLAN  
AUTHORIZATION FOR DIRECT DEPOSIT**

I hereby authorize the Miami Beach Employees' Retirement Plan and the financial institution listed below to deposit my pension benefit check directly into my account with that institution. I further authorize the financial institution to return any funds that I am not entitled to that have been deposited into my account. This authorization will remain in full force and effect until the Miami Beach Employees' Retirement Plan has received written notification from me of such change or termination. I have read and understand the Program Rules concerning direct deposit as outlined below.

\*\*PLEASE TYPE OR PRINT\*\*

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

SSN: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

Name of Financial Institution: \_\_\_\_\_

Type of Account:      \*Checking \_\_\_\_\_      \*\*Savings \_\_\_\_\_

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

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

**DIRECT DEPOSIT PROGRAM RULES**

1      \* Please provide a VOID check with the above listed Checking Account Number and Transit Routing Number.

2      \*\*Please provide a DEPOSIT SLIP or Official Bank Form listing the SAVINGS Account Number and Transit Routing Number listed above.

3      A pre-notification test record will be sent to your financial institution prior to the actual deposit of your pension benefit into your account. During this test period, a printed benefit check will be issued to you. The pre-notification test must be preformed any time there is a change made in financial institutions or accounts, whether it is a checking or savings account.

4      Your pension benefit may be sent to any institution that is an Automatic Clearing House (ACH) member.

5      All requests must be received by the 15th of the month in order to process the pre-notification test for the next monthly pension payroll. Requests received after the 15th of the month will be processed on the following pension payroll.

6      I would like the printed benefit check for the test month be:      **MAILED**      **PICKED-UP**  
Circle only one

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date