

ELECTRONIC FUNDS TRANSFER / DIRECT DEPOSIT

_____/_____/_____
Last Name (please print) First Name Middle Initial Social Security Number

Mailing Address (_____) - _____ - _____
Phone Number

City State Zip

- You may have your benefit payment deposited in up to five accounts. Use another sheet for more than two accounts.
- You must be an authorized signer on all accounts listed.
- **Power Of Attorney Information:** If you have power of attorney for an FPPA member, you must include a certified copy* of the power of attorney documents before this form can be processed.
* A copy that is compared to the original document and attested to by a notary.

Please attach a voided check for EACH account listed!

1. Bank Name _____ Account # _____
Bank Address _____ Account Routing # _____
City _____ State _____ Zip _____ Checking Savings
Bank Phone (_____) - _____ - _____ Deposit the Full Amount
OR
Amount to Deposit \$ _____

2. Bank Name _____ Account # _____
Bank Address _____ Account Routing # _____
City _____ State _____ Zip _____ Checking Savings
Bank Phone (_____) - _____ - _____ Amount to Deposit \$ _____

I hereby authorize the FPPA to automatically deposit my pension payment into the account(s) listed. I understand that my benefit payment will be credited to my account(s) on the 21st of each month. If that date occurs on a weekend or holiday, my account will then be credited on the preceding business day. FPPA will mail me a "deposit advice" verifying my deposit(s).

_____/_____/_____
Signature of Pensioner or Legal Representative Date