FPPA Fire & Police Pension Association of Colorado

Electronic Funds Transfer / Direct Deposit

Questions about completing this form?

Call Retiree Payroll
ext. 6200

(303) 770-3772
in the Denver Metro area

(800) 332-3772
toll free nationwide

Return completed form to:
FPPA
mail:
7979 East Tufts Avenue
Suite 900
Denver, CO 80237
email:
RetireePayroll@FPPAco.org
or fax:
(303) 771-7622

LAST NAME (please print)	FIRST NAME	MIDDLE INITIAL	SS # (last 4 digits only) XXX-XX-

MAILING ADDRESS			EMAIL ADDRESS
CITY	STATE	ZIP	PHONE

DIRECT DEPOSIT BANK INFORMATION

- FPPA will make deposits to a bank account. Only one institution/account can be designated for the deposit of funds.
- Completing this form supersedes all prior direct deposit elections on file with FPPA.
- **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. For further information contact FPPA.

** A copy that is compared to the original document and attested to by a notary.*

APPLICABLE BENEFIT ACCOUNT(S)

If you receive more than one monthly pension benefit, please indicated which benefit account to apply this Direct Deposit change:

☐ N/A ☐ All Accounts ☐ One Account Plan _____ Last Employer _____

Please attach a voided check for the account listed.

BANK NAME	CHECKING ☐ - OR - SAVINGS ☐

DEPOSIT THE FULL AMOUNT ☐ - OR - AMOUNT TO DEPOSIT $ _____

BANK ROUTING #	ACCOUNT # *(refer to illustration below)*

Sample of numbers on check

SIGNATURE CERTIFICATION

I hereby authorize FPPA to automatically deposit my pension payment into the account listed. I understand that my benefit payment will be credited to my account 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.

I understand that FPPA will make deposits to a bank account that I designate. Electronic transfer of monthly pension payments will be made to one institution that is part of the Federal Reserve. Additionally, I understand I may cancel this authorization at any time by notifying FPPA in writing or via the Member Account Portal. All changes will become effective after FPPA receives the notification and has a reasonable opportunity to act on it.

If you are making this request as an Attorney-in-Fact under authority of a Power of Attorney, you agree that by signing this document, you make the following representation: I represent to the Fire & Police Pension Association that I am the duly appointed Attorney-in-Fact and that such appointment has not been revoked by the principal.

_____ _____ / _____ / _____

Signature of Retiree or Power of Attorney *Date*

For office use only

EFTDD 03-22-2022