

Questions about completing this form?

FPPA Address:  
7979 East Tufts Avenue  
Suite 900  
Denver, Colorado 80237

Call Retiree Payroll:  
ext. 6200

In the Denver Metro area:  
(303) 770-3772

Toll-free Nationwide:  
(800) 332-3772

Email:  
RetireePayroll@FPPAco.org

Fax:  
(303) 771-7622

# Electronic Funds Transfer/ Direct Deposit

## MEMBER INFORMATION

LAST NAME (please print)		FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER (last four digits only) XXX-XX-
MAILING ADDRESS			EMAIL ADDRESS	
CITY	STATE	ZIP	PHONE NUMBER	

## 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 a power of attorney for an FPPA member, you must include a copy of the power of attorney (if not already on file) and a state-issued driver's license or ID or a US passport (if one is not already on file) before this form can be processed. Please contact FPPA with any questions.

## APPLICABLE BENEFITS ACCOUNT(S)

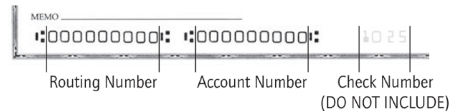
If you receive more than one monthly pension benefit, please indicate which benefit account to apply this direct deposit change:

N/A    All Accounts    One Account   Plan: \_\_\_\_\_   Last Employer: \_\_\_\_\_

## Please attach a voided check for the account listed

BANK NAME	<input type="checkbox"/> CHECKING <b>OR</b> <input type="checkbox"/> SAVINGS
<input type="checkbox"/> DEPOSIT FULL AMOUNT <b>OR</b> <input type="checkbox"/> AMOUNT TO DEPOSIT: \$ _____	
BANK ROUTING NUMBER	ACCOUNT NUMBER (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



EFTDD 3-12-2025

For office use only