

AUTHORIZATION FOR DIRECT DEPOSIT OF PENSION PAYMENTS

TO: Regions Bank

RE: City of Pompano Beach General Employees' Retirement System (#2850000701)

BENEFIT RECIPIENT:

Name _____ Recipient Social Security No. _____
Street Address _____
City State Zip Code

AUTHORIZATION FOR DEPOSIT

Under the Pension Plan or Retirement Plan described above, I, the Benefit Recipient named above, am entitled to receive monthly benefit payments terminating with the last monthly payment which precedes the date of my death. Until you receive notice from me in writing to the contrary, you are authorized and directed to transmit benefits to which I am legally entitled to the Financial Institution listed below for deposit to:

ACCOUNT NUMBER _____

ABA (Routing) Number: _____

Type of Account: (check one) Checking Savings
Ownership of Account: (check one) Sole Owner Joint Account

Full Name of Financial Institution

Address of Financial Institution

A COPY OF MY CHECK FOR THIS ACCOUNT IS ATTACHED.

AGREEMENT OF ACCOUNT HOLDER(S)

The undersigned owner of the account described above in addition to the Benefit Recipient, has read and agree to be bound by all of the provisions of this Agreement.

Printed Name of Account Owner

Signature

Date