



**ELECTRONIC DEPOSIT AUTHORIZATION FORM**

I hereby make the following requests and authorizations relating to my periodic benefit payments from the retirement plan described below: (1) I request and authorize you to initiate credit entries to my Account indicated below; (2) I request and authorize you to initiate debit entries and adjustments for any credit entries made in error to the Account; and (3) I request and authorize the Financial Institution named below to credit and/or debit any such entries to the Account.

1. Name of Participant Company Fort Worth Employees' Retirement Fund

2. Participant Name (Please Print)

\_\_\_\_\_  
First Name M. I. Last Name

3. Telephone Number: \_\_\_\_\_

4. Social Security Number: \_\_\_\_\_

5. Financial Institution Name and Address

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

City: \_\_\_\_\_ State: \_\_\_\_\_

**\*\*\* A Voided Check MUST be attached to process this request\*\*\***  
(A Bank Representative can fill out the following portion if a voided check is not included.)  
[ATTACH CHECK HERE]

6. Account Type:  Checking  Savings

7. Bank Routing Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. Account Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Bank Representative Printed Name Phone #

**I understand this completed form must be received by the Fort Worth Employees' Retirement Fund by the 10<sup>th</sup> of the month to take effect the 1<sup>st</sup> of the following month.**

In the event of a discrepancy, I understand that I will be required to provide corrected information by completing a new form.

The authority granted by me on this form is to remain in full force and effect until you have received written notification of its termination in such time and in such manner as to afford you and my Financial Institution a reasonable opportunity to act on it.

I hereby discharge you from all liability whatsoever for any actions taken by you in accordance with the above request and authorization.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date