GE Retirement Fund
CITY OF TAMPA

Direct Deposit Authorization Form

OFFICE USE ONLY

Date Received:_____

Received By:_____

ID Verified:_____

Date Scanned:_____

PART A. PAYEE/MEMBER INFORMATION

Member Name:_____

Last 4 Digits of Social Security: _____

Pension ID: _____

Address:_____

Phone Number:_____

Email:_____

PART B. ACCOUNT NUMBER/S   DISTRIBUTE TO 2 ACCOUNTS   only complete 1 & 2 for split accounts

1. Account:_____	1. Amount:_____	Checking	Savings
2. Account:_____	2. Amount:_____	Checking	Savings

PART C. BANK INFORMATION   Checking   Savings

Bank Name:_____

[Attach a **voided check** here]
we cannot accept a deposit slip or starter checks
OR
If you do not have a voided check, please attach a letter from your bank with your printed name, address, routing number and account number on their letterhead.

Please tape checks or just include, but no staples.

PART D. AUTHORIZATION

I hereby authorize the General Employees' Retirement Fund to deposit payments into my account in the financial institution(s) shown above. I agree to provide written notification to the Fund if this information changes. I acknowledge that I understand, if notification is received after processing for the month, it will not be processed until the following month. I also authorize the General Employees' Retirement Fund to make adjustments to my account to correct any credit entries made in error.

I am the member

I am a Power of Attorney or guardian, and documentation is attach or is on file

_____   _____
Signature   Date

OFFICE USE ONLY

Processed By:_____   Checked By:_____   Date Complete:_____

General Employees' Retirement Fund, 306 E. Jackson Street, 7N, Tampa, FL 33602 • (813) 274-7850 • Fax: (813) 274-7289