



Direct Deposit Authorization Form

INSTRUCTIONS:

This Form is for receiving electronic payments from the General Employees' Retirement Fund.

If you are an Agent under a Power of Attorney or Guardianship, you must attach a copy of your legal document.

STEP 1

Complete the form by typing or printing in ink, then sign and date it.

STEP 2

Submit your form with supporting document from your bank proving a valid account under your name:

A) IN PERSON

During business hours,
Monday-Friday
8:00 AM – 4:00 PM

B) FAX to:

(813) 274-7289

C) MAIL to:

General Employees'
Retirement Fund
306 E Jackson St, 7N
Tampa, FL 33602

NOTE:

Forms are processed mid-month. Forms received after the 15th of each month will be processed the following month.

PART A. PAYEE/MEMBER INFORMATION

Member Name: _____ Last 4 Digits of Social Security: _____

Address: _____

Phone Number: _____ Email: _____

PART B. BANK INFORMATION:

Bank Name: _____ Routing #: _____

Account Number: _____ Checking Savings

PART C. IF DISTRIBUTING TO TWO ACCOUNTS:

1. Account #: _____ 1. Amount/%: _____ Checking Savings

2. Account #: _____ 1. Amount/%: _____ Checking Savings

A document from your bank verifying your account information is required.

[Attach a voided check here]

We cannot accept a deposit slip or starter checks.

OR

If you do not have checks, please attach a **document from your bank** with their printed letterhead that includes your printed name, address, routing number and account number.

Please tape checks or just include with form, but no staples.

PART D. AUTHORIZATION

I hereby authorize the General Employees' Retirement Fund to deposit payments into my account in the financial institutions(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 an Agent under a Power of Attorney or Guardianship, and proof is on file or attached

Signature

Date