

THE RETIREMENT BOARD
of the
FIREMEN'S ANNUITY AND BENEFIT FUND
OF CHICAGO

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THIS SPACE FOR
OFFICE USE ONLY
File # _____
Company: _____

AUTHORIZATION FOR INITIAL ELECTRONIC DIRECT DEPOSIT SET-UP

I HEREBY AUTHORIZE THE FIREMEN'S ANNUITY AND BENEFIT FUND, HEREINAFTER CALLED FABF, TO INITIATE CREDIT ENTRIES AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR TO MY _____ CHECKING _____ SAVINGS ACCOUNT (SELECT ONE) INDICATED BELOW AND THE DEPOSITORY NAMED BELOW, HEREINAFTER CALLED DEPOSITORY, TO CREDIT AND/OR DEBIT THE SAME TO SUCH ACCOUNT.

DEPOSITORY (BANK'S)
NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE FABF HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE FABF AND DEPOSITORY A REASONABLE OPPORTUNITY TO ACT ON IT.

ANNUITANT'S
NAME _____ SOCIAL SECURITY# _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE _____

SIGNED _____ DATE _____

IMPORTANT INFORMATION

- ***THIS FORM MUST BE RETURNED WITH A COPY OF YOUR PICTURE ID. FORMS RETURNED WITHOUT A PICTURE ID CANNOT BE PROCESSED***
- YOU **MUST SUBMIT A VOID CHECK** OF YOUR ACCOUNT OR SUPPLY THE 9 DIGIT TRANSIT/ABA(ROUTING NO) ALONG WITH THIS FORM.
- WE MUST RECEIVE THIS FORM BY THE **5TH OF THE MONTH** IN ORDER FOR THE ELECTRONIC DIRECT DEPOSIT TO BE PROCESSED THAT MONTH.
- MONEY WILL BE AVAILABLE ON THE LAST BUSINESS DAY OF THE MONTH.
- YOU MUST KEEP THIS OFFICE INFORMED, IN WRITING AND AT ALL TIMES, OF ANY CHANGES OF ADDRESS.