



CITY OF FORT LAUDERDALE, FLORIDA  
PENSION DIRECT DEPOSIT PROGRAM AUTHORIZATION

I hereby authorize the City of Fort Lauderdale, Florida and the financial institution(s) named below to initiate credit entries (and debit entries or adjustments, if necessary, for any credit entries in error) to the checking and/or savings account(s) listed below. This authority will remain in full force and effect until the City has received written notification from me of its termination along with new depository information. Notification must be received in such time as to afford the City a reasonable opportunity to act upon it.

PLEASE PRINT OR TYPE:

NAME \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

DAYTIME PHONE NO. (        ) \_\_\_\_\_

<b>FIRST ACCOUNT (REQUIRED)</b>			
ACTION REQUESTED (Check One):			
START	<input type="checkbox"/>	CHANGE	<input type="checkbox"/>
REMAIN AS IS	<input type="checkbox"/>		
_____		_____	
Financial Institution Name		Transit Routing Number	
<b>\$ NET PAY</b>		_____	
Deposit Amount	( 999)	Account Number	____ Checking    ____ Savings

  

<b>SECOND ACCOUNT (OPTIONAL)</b>			
ACTION REQUESTED (Check One):			
START	<input type="checkbox"/>	CHANGE	<input type="checkbox"/>
REMAIN AS IS	<input type="checkbox"/>	STOP	<input type="checkbox"/>
_____		_____	
Financial Institution Name		Transit Routing Number	
\$ _____		_____	
Deposit Amount	( 996)	Account Number	____ Checking    ____ Savings

  

<b>THIRD ACCOUNT (OPTIONAL)</b>			
ACTION REQUESTED (Check One):			
START	<input type="checkbox"/>	CHANGE	<input type="checkbox"/>
REMAIN AS IS	<input type="checkbox"/>	STOP	<input type="checkbox"/>
_____		_____	
Financial Institution Name		Transit Routing Number	
\$ _____		_____	
Deposit Amount	( 998)	Account Number	____ Checking    ____ Savings

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DIRECT DEPOSIT PROGRAM RULES**

You **MUST** provide a VOID check with your name for each checking account and deposit slip with your name for each savings account listed above. If your name is **not** on the void check or deposit slip, you **must** provide a copy of your official photo identification.

Your payment can be deposited into any bank, credit union, savings institution, brokerage firm, etc. that is an Automatic Clearing House (ACH) member.

A prenotification test record will be sent to your institution(s) prior to the actual deposit of your pay into your account(s). By banking regulations your institutions must be allowed ten (10) banking days to verify the test data. **During this prenotification test period you will continue to be paid by check.** Any subsequent changes in institutions and/or account numbers will require a new prenotification test process during which time you will again be paid by check.

**Due to the prenotification test process, additions and changes will take effect in two to three monthly payrolls.**