

**FIREFIGHTERS' RETIREMENT SYSTEM**  
**PO Box 94095, Capitol Station, Baton Rouge, LA 70804-9095**  
**Phone: (225) 925-4060**  
**Fax: (225) 925-4062**

**AUTHORIZATION FOR DIRECT DEPOSIT**

**SECTION I – RETIREE/BENEFICIARY/PAYEE INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
STREET ADDRESS OR POST OFFICE BOX NUMBER			PHONE NUMBER
CITY	STATE		ZIP CODE

**SECTION II – FINANCIAL ORGANIZATION INFORMATION**

NAME OF FINANCIAL ORGANIZATION	ACCOUNT NUMBER	CHECKING OR SAVINGS (CIRCLE ONE)
STREET ADDRESS OR POST OFFICE BOX NUMBER	ROUTING NUMBER	
CITY	STATE	ZIP CODE
NAME OF JOINT ACCOUNT HOLDER, IF ANY	SOCIAL SECURITY NUMBER	PHONE NUMBER
SIGNATURE OF JOINT SIGNER, IF ANY	RELATIONSHIP TO RETIREE/BENEFICIARY	

I authorize and request the Firefighters' Retirement System (FRS) to direct the net of my monthly benefit payments and DROP/IBO withdrawals for crediting to my account at the financial organization designated above. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. This authorization will remain in effect until cancelled by written notice from me to FRS.

I authorize the bank to release to FRS on request my current mailing address, the names, mailing addresses, if known, of any individuals authorized to sign on my account and the names and addresses, if known of individuals who have power of attorney to withdraw funds from my account.

If my death shall occur prior to the date of any payment which shall have been made by FRS in compliance with this request, the above mentioned financial organization will refund such payments to FRS in accordance with the agreements annexed hereto. I further authorize FRS to initiate electronic funds transfer debit transactions to retrieve payment sent but not due in the event of my death.

Direct deposits will be posted on the first business day of the month. When the first falls on a weekend or a bank holiday, funds may not be available until the following business day.

Direct deposit forms received by the 15<sup>th</sup> of the month will be processed and the next month's benefit will be sent to your financial institution. If the direct deposit form is received after the 15<sup>th</sup> of the month you will receive a paper check for the next month's benefit and direct deposit will begin the following month.

RETIREE/PAYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

In consideration of the FRS making payments in accordance with the foregoing request without requiring the personal endorsement of the payee, we hereby agree to repay and refund to FRS on demand, subject to disposition required by law, the amount of any funds on deposit at the time of demand that are due FRS by reason of death of the retiree or beneficiary. We further agree to accept the certification of FRS as to the date of death of such payee as sufficient evidence of date of death.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

SIGNATURE OF FINANCIAL OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND TITLE OF FINANCIAL OFFICER: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Return original or fax to FRS at (225) 925-4062**