

IMPORTANT MEMO

FIREFIGHTERS' RETIREMENT SYSTEM

To: Retirees Receiving Paper Benefit Checks
From: Layne McKinney, CPA, Chief Financial Officer
Date: April 1, 2024
Subject: **IMPORTANT NOTICE ABOUT YOUR MONTHLY BENEFIT PAYMENT**

This is the last monthly benefit payment you will receive via a paper check. Effective May 1, 2024, FRS will begin using its new retirement system software which requires all monthly benefit payments be paid via electronic means (direct deposit) and checks will no longer be issued. It is imperative that you complete the enclosed Direct Deposit Form and return it to FRS no later than April 10, 2024 to ensure that you receive your monthly benefit payments for May 2024 and thereafter. You may mail, email or fax your completed Direct Deposit Form to us.

Email to: frs@ffret.com
Fax to: 225-925-4060.
Mail to: Firefighters' Retirement System
3100 Brentwood Drive
Baton Rouge, LA 70809

If you have any questions, please contact us at the retirement office at (225) 925-4060.

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	SELECT ONE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
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 10th 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 10th 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: _____

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