

**Section 1****ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

I authorize and direct Comerica Bank to make the monthly pension payment payable to me under the  
**Pompano Beach Police & Firefighters' Retirement System** plan via the Automated Clearing  
House (ACH) system to the financial institution and account number named below.

US Financial Institution Name: \_\_\_\_\_

US Financial Institution Address: \_\_\_\_\_

US Financial Institution's ACH Routing/Transit Number: \_\_\_\_\_

Checking  Savings Account Number \_\_\_\_\_

\* PLEASE ATTACH VOIDED CHECK

**Section 2**

Information on the benefit recipient

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Former Employer/Plan Sponsor: \_\_\_\_\_

If you are receiving a Survivor's benefit, please complete the following:

Deceased Retiree's Name: \_\_\_\_\_

Deceased Retiree's Social Security Number: \_\_\_\_\_

Please complete if you are receiving benefit payments from Comerica under more than one plan

Please apply my direct deposit plan to all affected plans.

Please only apply my direct deposit information to the following plan: \_\_\_\_\_

**Section 3 (this section must be filled out or the form cannot be processed)****Declaration - U.S. law requires that the following information be obtained for all direct deposit (ACH) transactions**

Will the pension payment that is made via direct deposit pursuant to this Authorization be forwarded across the U.S. border to a foreign financial institution through the ACH network on the same day that it is deposited into your account?

NO

YES - fill out the Foreign Financial Institution information below:

Foreign Financial Institution Name: \_\_\_\_\_

Foreign Financial Institution Identification Number: \_\_\_\_\_

Foreign Financial Institution Address: \_\_\_\_\_

**Section 4 - Certification**

I certify that the information I have provided on this Electronic Funds Transfer Authorization form is correct and complete. I understand that this Authorization will remain in effect until I submit written authorization to cancel or change the information contained in this form.

Retiree/Beneficiary's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to: