



	Pension Check Effective Date

## Tuscaloosa Police Officer and Firefighter Retirement Plan

**Authorization Agreement For  
Direct Deposit (Credits)**

**Finance Department  
Payroll Processing**

Name Home Phone Work Phone

Street Address City Zip Code

Account No.

Routing Number (9 digits-please provide if known)

Name of Financial Institution

\*Please specify if this is a Checking or Savings account:     Checking     Savings

Signature Date

### **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (Credits)**

I hereby authorize the Tuscaloosa Police Officer and Firefighter Retirement Plan (Retirement Plan), to automatically credit my bank account for net pension check issued by the Retirement Plan. If for some reason the Retirement Plan cannot automatically credit my bank account, I authorize the Retirement Plan to issue, sign, and present a paper credit on my bank account for my net pension check issued by the Retirement Plan. The Retirement Plan will advise, by notice on my pension statement that my bank account was credited.

This authorization will be in effect until either party gives notice to the other of termination. I understand my notice must be received by the Retirement Plan in time for it to have a reasonable opportunity to act.

In consideration of this service to the extent permitted by applicable law, I agree that the Retirement Plan will not be responsible for claims relating to the credit of my account. Under no circumstances will the Retirement Plan be liable for consequential or special damages. The Retirement Plan will not be liable for the acts of omissions of others, including the bank and clearing houses, which receive and transmit the credit instructions.

If providing the below, please check mark the one that has been provided:

- Voided check
- Letter from my financial institution

**NOTE: Please attach a voided check here, or attach a letter from your financial institution to this form.**