



DIRECT DEPOSIT FORM

In order to complete a Direct Deposit change, Retirement Staff is required to speak with you by telephone before implementation. If you do not receive a phone call within 2 weeks of mailing, please call to confirm receipt.

ADDRESS CHANGE

Employees System Fire & Police System

SECTION 1: GENERAL INFORMATION - PLEASE TYPE OR PRINT

First Name	Last Name	Social Security Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone Number	Cell Phone Number	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

SECTION 2: DIRECT DEPOSIT INFORMATION

I hereby authorize the City of Fresno Retirement Systems to deposit my retirement benefit into the account number below:

Checking - Attach a voided check. **Savings** - Attach bank documentation.

Bank Name	Account Number	ABA Routing Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Bank Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE ATTACH YOUR VOIDED CHECK OR BANK DOCUMENTATION HERE

SECTION 3: MEMBER'S SIGNATURE AND AUTHORIZATION

Signature

Date

FOR RETIREMENT ADMINISTRATIVE STAFF ONLY

Received by: _____ Phone Confirmation: _____ Date Entered PensionGold: _____