

# Direct Deposit Authorization

To have your pension check deposited directly into your checking account, follow these instructions:

1. Complete both sides of this form & have it notarized
2. To deposit to a Checking Account, attach a voided check (write VOID across your check) from your Checking Account; if you'd rather deposit to a Savings Account, attach a Savings Account Statement
3. Mail this form and your Voided Check or Savings Account Statement to ERF at:

EMPLOYEES' RETIREMENT FUND  
1920 MCKINNEY AVENUE, 10TH FLOOR  
DALLAS, TX 75201

Direct Deposit Authorizations must be received by the 10th of the month to ensure any changes are made before payroll processes. If you have any questions, call ERF at 214.580.7700

## MEMBER INFORMATION

*Please type or use only black ink and do not highlight; any corrections must be initialed.*

Name:

Address:

City:  State:  Zipcode:

Phone Number:  Member ID#:  SSN, Last Four:

Email Address:

Please attach voided check below.



# Direct Deposit Authorization

## FINANCIAL INSTITUTION INFORMATION

Depository Name/Branch: \_\_\_\_\_

City, State & Zipcode: \_\_\_\_\_

Check One:  Checking Account  Savings Account

I hereby authorize the Employees' Retirement Fund of the City of Dallas to initiate direct deposit of my pension benefit to my bank account. **I have attached a voided check or an account statement for the subject account.** I further authorize the Employees' Retirement Fund of the City of Dallas to make adjustments for any erroneous deposits made to my account, and to change the routing (transit) and/or account numbers of my account as required, upon official notification from my depository institution in order to ensure uninterrupted direct deposit of my pension wages.

This authorization is to remain in full force until the Employees' Retirement Fund of the City of Dallas has received written notification of its cancellation and termination in such time and manner as to afford the Retirement Fund and Depository Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN TO BEFORE ME, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ to certify which witness my hand and seal of office.

\_\_\_\_\_  
Notary Public in and for

\_\_\_\_\_  
County

\_\_\_\_\_  
State

My commission expires \_\_\_\_\_