

DIRECT DEPOSIT APPLICATION

COJ Pension Office
117 West Duval Street, Suite 330, Jacksonville, FL 32202
(904) 255-7280
citypension@coj.net

AGREEMENT: I authorize the Pension Office to initiate the payment of my pension funds directly to the institution designated below and for the institution to credit the payment to my account shown below. This agreement will remain in full force and effect until the Pension Office has received a new agreement at a later date or the financial institution provided has rejected payment.

YOU MUST ATTACH A BLANK CHECK OR LETTER FROM YOUR BANK SHOWING NAME, CURRENT ADDRESS, ROUTING NUMBER AND ACCOUNT NUMBER

*** PLEASE TYPE OR PRINT CLEARLY ***

NAME (PENSIONER): _____ DOB _____

BEST CONTACT NUMBER: (_____) _____ - _____

BANK OR FINANCIAL INSTITUTION NAME: _____

TYPE OF ACCOUNT FOR DEPOSIT (Choose only one) CHECKING _____ SAVINGS _____

ROUTING #: _____ ACCT #: _____

SIGNATURE OF PENSIONER OR AUTHORIZED POA
(POA MUST BE APPROVED AND ON FILE)

DATE

Return scanned form to citypension@coj.net
(or mail to address listed above)