

DIRECT DEPOSIT APPLICATION

City of Jacksonville Retirement System
117 West Duval Street, Suite 330, Jacksonville, FL 32202
(904) 255-7280 FAX (904) 588-0524

RULES FOR DEPOSIT: A pre-notification test (pre-note) is sent to your financial institution prior to the actual deposit of your pension into your account. It is required that we allow your financial institution ten banking days to verify the test data. During the prenotification process, you will receive a pension check at the address on record. We do not split your deposit between multiple accounts. The deposit is 100% of the net amount of your pension into the account shown below. Once the direct deposit is activated, any change of accounts or financial institutions must be made on a new form and will require a new prenotification process. To cancel the direct deposit of your pension, you need to notify this office in writing. The City retains the right to cancel this agreement by giving written notice and to pay by payroll check in lieu of direct deposit due to unforeseen or emergency conditions.

AGREEMENT: I authorize the City of Jacksonville Retirement System 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 City's Office of Pension and Retirement has received written notification from me canceling this agreement or if I submit a new agreement at a later date. As a participant in the direct deposit program, I authorize the City to withhold the amount of any unearned funds credited to my account from any funds yet due to me.

YOU MUST ATTACH A BLANK CHECK WITH THE WORD "VOID" PRINTED ON IT FOR A CHECKING ACCOUNT OR A DEPOSIT SLIP FOR A SAVINGS ACCOUNT.

*** PLEASE TYPE OR PRINT ***

NAME: _____ S. S. NO. _____

DAY TIME PHONE NUMBER: (_____) _____

BANK OR FINANCIAL INSTITUTION NAME: _____

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

ACCOUNT NO: _____ TRANSIT ROUTING NUMBER _____

SIGNATURE OF PENSIONER

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____, by _____, a Pensioner, of the City of Jacksonville Retirement System, who after being duly sworn under penalty of perjury, upon oath states that they understand the document they are signing will Re-direct their funds received to the named financial institution and account and that the person signing this form is the person entitled to these pension funds.

Notary Public

My Commission Expires:

Personally Known _____
Or Produced Identification (type) _____