# Lauderhill Police Officers' Retirement Plan

C/O Precision Pension Administration, Inc. 13790 NW 4<sup>th</sup> Street, Suite 105, Sunrise, Florida 33325

Phone: 954.636.7170 Toll Free Fax: 866.769.0678

AS PART OF OUR ONGOING EFFORT TO SECURELY HANDLE INFORMATION TRANSFERS, PLEASE REFRAIN FROM SENDING THIS DOCUMENT BACK VIA UNSECURED E-MAIL.

OTHER ALTERNATIVES EXIST TO INCLUDE US MAIL, FAX (NUMBER CITED ABOVE) OR MAKE AN APPOINTMENT TO DROP OFF AT THE OFFICE

LASTLY, ALSO, PLEASE USE LAST FOUR (4) OF SOCIAL SECURITY NUMBER ONLY

THANK YOU



### **Direct Deposit Authorization**

# Would you like to receive your Pension Payment faster and at no extra charge?

We are glad to be able to offer you **DIRECT DEPOSIT** to your checking or savings account (no matter who you bank with) **ABSOLUTELY FREE!** 

Please continue to advise us of any address changes.

#### Please attach a voided check

Deposit slips will only be accepted for Savings Accounts
Requests will not be processed without a voided check for Direct Deposit to a Checking
Account

Authorization agreement for automatic deposits (ACH credits)

I hereby authorize the Fifth Third Bank, hereinafter called company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my checking/savings account indicated below at the financial institution named below, hereinafter called depository, to credit and/or debit the same to such account. I have enclosed a voided check for your convenience.

| Financial Institution Address: |                     |               |  |   |
|--------------------------------|---------------------|---------------|--|---|
| City:                          | State:              | Zip:          |  |   |
| Bank phone #:                  |                     | Checking:     | Savings:   | - |
| ABA Routing #:                 |                     | Account #:    |  |   |
|                                | ination in such tim |               | ompany has received written nafford company and depository |   |
| Name:                          |                     | Retired from: |  |   |
| Signature:                     |                     | Date:         |  |   |
| Social Security #:             |                     |               |  |   |

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