

# FERNDALE POLICE & FIRE RETIREMENT SYSTEM

## Section 1

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I authorize and direct Comerica Bank to make the monthly pension payment payable to me under the \_\_\_\_\_ plan via the Automated Clearing House (ACH) system to the financial institution and account number named below.

US Financial Institution Name: \_\_\_\_\_

US Financial Institution Address: \_\_\_\_\_

US Financial Institution's ACH Routing/Transit Number: \_\_\_\_\_

Checking     Savings    Account Number: \_\_\_\_\_

## Section 2

Information on the benefit recipient:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Former Employer/Plan Sponsor: \_\_\_\_\_

If you are receiving a Survivor's benefit, please complete the following:

Deceased Retiree's Name: \_\_\_\_\_

Deceased Retiree's Social Security Number: \_\_\_\_\_

Please complete if you are receiving benefit payments from Comerica under more than one plan:

Please apply my direct deposit plan to all affected plans.

Please only apply my direct deposit information to the following plan: \_\_\_\_\_

## Section 3 (this section must be filled out or the form cannot be processed)

**Declaration - U.S. law requires that the following information be obtained for all direct deposit (ACH) transactions**

Will the pension payment that is made via direct deposit pursuant to this Authorization be forwarded across the U.S. border to a foreign financial institution through the ACH network on the same day that it is deposited into your account?

NO

YES - fill out the Foreign Financial Institution Information below:

Foreign Financial Institution Name: \_\_\_\_\_

Foreign Financial Institution Identification Number: \_\_\_\_\_

Foreign Financial Institution Address: \_\_\_\_\_

## Section 4 - Certification

I certify that the information I have provided on this Electronic Funds Transfer Authorization form is correct and complete. I understand that this Authorization will remain in effect until I submit written authorization to cancel or change the information contained in the form.

Retiree/Beneficiary's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to:

Comerica Bank, ATTN: F. Ryans/E. Lovins  
PO Box 75000, Detroit, MI 48275-3462  
Fax: 313-222-7170