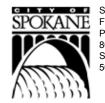
Electronic Deposit Authorization

Name



Social Security or Employee ID Number

Spokane Employees' Retirement System Firefighters' Pension Fund Police Pension Fund 808 W. Spokane Falls Blvd., Ste. 604 Spokane, WA 99201-3324 509.625.6330 FAX 509.625.6861

Use this form to designate or change your bank account with the retirement system. Please print and return the completed form to the Retirement Office. This form replaces any previous form submitted.

Electronic deposit forms must be received in the Retirement Office by the 10th of the month to guarantee it will be processed for the current month.

Member Information

Mailing Address	City		State	Zip Code	e
Telephone Number	Email address (optional)				
Banking Information					
Primary Bank/Credit Union					
Check One	Check one:	New	_	Change	
Dank Manie		☐No Cha	ange	Cancel	
Douting Number	Amount \$ OR Percentage % Account Number				
Routing Number	Account Number				
Banking Information (Optional)					
Secondary Bank/Credit Union					
Check One Checking Savings	Check one:	New		Change	
Bank Name		□No Cha	ange 🗀	Cancel	
	Amount \$	_	• _	rcentage	%
Routing Number	Account Number				
NOTE: If a voided check from the account is not included with this form, your first monthly check after this change will be mailed to the address we have on file for you. Subsequent monthly payments will be directly deposited to your new account.					
I hereby authorize The City of Spokane to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my bank account(s) as described above and to credit or debit the same from such account(s). I acknowledge that this authority will remain in effect until I have cancelled it in writing and that the origination of ACH transactions to my account(s) must comply with the provisions of U.S. law. I further understand that I am responsible for directing and designating the deposit of funds to the correct account(s) and for any payments that are insufficient or late because of the lack of funds deposited or because of the timing of my pension check. I agree to hold the City harmless from any liability caused by depositing my check as I have directed.					
Signature		Date			