THE RETIREMENT BOARD of the FIREMEN'S ANNUITY AND BENEFIT FUND

OF CHICAGO Suite 300

20 S. Clark Street (312) 726-5823 Fax: (312) 726-2316



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THIS SPACE
FOR OFFICE USE
ONLY

FILE	#:
COMPANY	#:

DATE

CREDIT UNION AUTOMATIC DEDUCTION AUTHORIZATION FORM

ANNUITANT'S NAME	
SOCIAL SECURITY #	
ADDRESS	
(City, State and Zip Code)	
TELEPHONE #	
TELLI ΠΌΝΕ #	
I AUTHORIZE THE FIREMEN'S ANN	UITY
AND BENEFIT FUND OF CHICAGO TO DEDUCT FROM MY MONTHLY PENSION CHECK	FOR
THE FOLLOWING:	
CHICAGO FIREFIGHTERS' CREDIT UNION (CENTRAL) AMOUNT \$ A MONTH	
CHICAGO FIREMAN'S ASSOCIATION CREDIT UNION (ARCHER) AMOUNT \$ A MONTH	
CHICAGO'S BRAVEST CREDIT UNION (WESTERN) AMOUNT \$ A MONTH	
ANNUITANT'S SIGNAT	URE