

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

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



Suite 300
Chicago, IL 60603-1896
(800) 782-7425
<http://www.fabf.org>
Email: info@fabf.org

THIS SPACE FOR
OFFICE USE ONLY
File # _____
Company: _____

AUTHORIZATION FOR CHANGE OF ELECTRONIC DIRECT DEPOSIT FORM

I HEREBY AUTHORIZE THE FIREMEN'S ANNUITY AND BENEFIT FUND ("FABF"), TO INITIATE CREDIT ENTRIES AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR TO THE ACCOUNT INFORMATION LISTED BELOW AND THE BANK NAMED BELOW, TO CREDIT AND/OR DEBIT THE SAME TO SUCH ACCOUNT.

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE FABF HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE FABF AND THE NAMED BANK A REASONABLE OPPORTUNITY TO ACT ON IT.

Old Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name	_____	
Account Number	_____	
ABA Routing Number	_____	

New Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name	_____	
Account Number	_____	
ABA Routing Number	_____	

NAME _____ SOCIAL SECURITY# _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE _____

SIGNED _____ DATE _____

IMPORTANT INFORMATION

- **THIS FORM MUST BE RETURNED WITH A COPY OF YOUR STATE ID. FORMS RETURNED WITHOUT A PICTURE ID CANNOT BE PROCESSED FOR ACCOUNT CHANGE**
- **YOU MUST SUBMIT A VOID CHECK OF YOUR ACCOUNT OR SUPPLY THE 9 DIGIT TRANSIT/ABA(ROUTING NO) ALONG WITH THIS FORM.**
- WE MUST RECEIVE THIS FORM BY THE **5TH OF THE MONTH** IN ORDER FOR THE ELECTRONIC DIRECT DEPOSIT TO BE PROCESSED THAT MONTH.
- MONEY WILL BE AVAILABLE ON THE LAST BUSINESS DAY OF THE MONTH.
- YOU MUST KEEP THIS OFFICE INFORMED, IN WRITING AND AT ALL TIMES, OF ANY CHANGES OF ADDRESS.