



PENSION PAYMENT DIRECT DEPOSIT AUTHORIZATION

Please have in the pension office by the 28th of the month before our next months' retirement process .

SECTION I - To be completed by the retiree/beneficiary

I hereby authorize Bank of America as agent for the Custodian of the City of Miami General Employees' and Sanitation Employees' Retirement Trust, hereinafter called the Drawer, to transmit my retirement benefit checks to:

B Name* _____
A Address* _____
N City* _____ State* _____ Zip Code* _____
K Phone* _____
Account Number* _____
For Credit to: Checking Savings

I authorize and direct said bank to charge said account, or the account of my estate, for any payment made subsequent to my death and to refund any such payment to the Drawer.

I agree for myself, my heirs, executors and estate to indemnify and save said Bank harmless from any and all loss and damage of any nature whatsoever by reason of said Bank having entered into the above described arrangement.

I reserve the right to revoke or cancel this authorization and agreement by giving written notice thereof to the Drawer and Depository Bank named above.

Signature* _____ Date* _____
Name* _____ SSN (last 4 digits)* _____
Address* _____
City* _____ State _____ Zip Code _____ Phone Number _____

Please attach a voided check with your completed form OR you may have the bank complete Section II on page 2.

* Indicates a required field



PENSION PAYMENT DIRECT DEPOSIT AUTHORIZATION

SECTION II – To be completed by an officer of the bank. (If you have attached a voided check to page 1 you do not need to complete this section.)

We agree to the before mentioned provisions and in consideration of release by the Drawer from the requirement to file periodic affidavits that the retiree-depositor is alive, we hereby agree: (1) to notify the Drawer should the retiree-depositor cease to maintain said account with us or, should we receive notification of the death of said depositor; (2) to pay to the Drawer all sums forwarded to this Bank after the death of the retiree-depositor in accordance with the before mentioned provisions.

Name of Account Holder _____

Account Number _____

Bank Routing Number _____

Name of Depository Bank _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Name of Bank Officer _____

Title of Bank Officer _____

Signature of Bank Officer _____

Date _____

Please mail or deliver to:

CITY OF MIAMI GENERAL EMPLOYEES' & SANITATION EMPLOYEES' RETIREMENT TRUST
2901 BRIDGEPORT AVENUE
COCONUT GROVE, FLORIDA 33133-3607

For further assistance please contact us at (305) 441-2300.