

# Electronic Funds Transfer / Direct Deposit

Questions about completing this form?

**Call Retiree Payroll**  
ext. 6200  
(303) 770-3772  
in the Denver Metro area  
(800) 332-3772  
toll free nationwide

Return completed form to:  
**FPPA**

**mail:** 5290 DTC Parkway  
Suite 100  
Greenwood Village,  
Colorado 80111-2721

**email:**  
RetireePayroll@FPPAco.org

**or fax:**  
(303) 771-7622

LAST NAME (please print)		FIRST NAME	MIDDLE INITIAL	SS # (last 4 digits only) XXX-XX-
MAILING ADDRESS			EMAIL ADDRESS	
CITY	STATE	ZIP	PHONE	

### DIRECT DEPOSIT BANK INFORMATION

- FPPA will make deposits to a bank account. Only one institution/account can be designated for the deposit of funds.
- Completing this form supersedes all prior direct deposit elections on file with FPPA.
- Power of Attorney Information:** If you have power of attorney for an FPPA member, you must include a certified copy\* of the power of attorney documents before this form can be processed. For further information contact FPPA.

\*A copy that is compared to the original document and attested to by a notary.

### APPLICABLE BENEFIT ACCOUNT(S)

If you receive more than one monthly pension benefit, please indicated which benefit account to apply this Direct Deposit change:

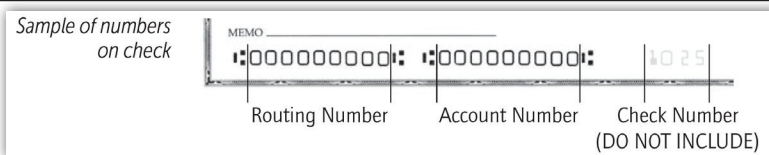
N/A    All Accounts    One Account   Plan \_\_\_\_\_ Last Employer \_\_\_\_\_

**Please attach a voided check for the account listed.**

BANK NAME \_\_\_\_\_ CHECKING  - OR - SAVINGS

DEPOSIT THE FULL AMOUNT  - OR - AMOUNT TO DEPOSIT \$ \_\_\_\_\_

BANK ROUTING # \_\_\_\_\_ ACCOUNT # (refer to illustration below) \_\_\_\_\_



### SIGNATURE CERTIFICATION

I hereby authorize FPPA to automatically deposit my pension payment into the account listed. I understand that my benefit payment will be credited to my account on the 21st of each month. If that date occurs on a weekend or holiday, my account will then be credited on the preceding business day.

I understand that FPPA will make deposits to a bank account that I designate. Electronic transfer of monthly pension payments will be made to one institution that is part of the Federal Reserve. Additionally, I understand I may cancel this authorization at any time by notifying FPPA in writing or via the Member Account Portal. All changes will become effective after FPPA receives the notification and has a reasonable opportunity to act on it.

If you are making this request as an Attorney-in-Fact under authority of a Power of Attorney, you agree that by signing this document, you make the following representation: I represent to the Fire & Police Pension Association that I am the duly appointed Attorney-in-Fact and that such appointment has not been revoked by the principal.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Retiree or Power of Attorney      Date

**For office use only**

EFTDD 07-10-2020