

**PARK EMPLOYEES' ANNUITY AND BENEFIT FUND of CHICAGO**

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[www.chicagoparkpension.org](http://www.chicagoparkpension.org)

Office Use Only:  
Membership ID# \_\_\_\_\_

**DIRECT DEPOSIT AUTHORIZATION FORM**

If you currently receive a monthly annuity check from the Park Employees' Annuity and Benefit Fund ("PEABF"), then you are eligible to receive your payment via direct deposit. To do so, please complete the following information and return this form to PEABF by mail, email, or fax:

**Part I: General Information (please type or print)**

Name of Payee		SSN
Address of Payee		City, State, Zip
Telephone Numbers:		Email Address:
Home:	Work:	Cell:

**Part II: Financial Institution Information (to be completed by financial institution and provide a voided check)**

Account type: <input type="checkbox"/> Checking (please include a voided check) <input type="checkbox"/> Savings (please include a deposit slip)	<input type="checkbox"/> Please cancel my direct deposit and send my payment to my home address. <input type="checkbox"/> Joint Holder Account:  Name _____ SSN _____ Telephone Number: _____	
Name of Financial Institution:	Branch Designation (if applicable):	
Address:	City, State, and Zip:	
Telephone Number:		
Bank Routing Number:	Account Number:	
Signature of Authorized Official:	Title:	Date:

I, the above-designated Payee, am receiving a monthly benefit from PEABF. I hereby authorize PEABF to forward such payments by electronic transfer to the designated Financial Institution and I authorize the Financial Institution to credit the amounts thereof to the account listed above. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the designated Financial Institution reserves the right to cancel this agreement by notice to me. However, this authorization will remain in effect with PEABF until cancelled by notice from me or by my death. I understand that PEABF can stop direct deposit if I fail to keep PEABF informed of my current address. I authorize the Financial Institution indicated above to release to PEABF my current address and the current address for any joint account holders. I understand that a new Direct Deposit Authorization Form is required if I change my Financial Institution, my account number, or my name.

\_\_\_\_\_  
Annuitant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name