

Section 1**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

I authorize and direct Comerica Bank to make the monthly pension payment payable to me under the BATTLE CREEK POLICE & FIRE PENSION plan via the Automated Clearing House (ACH) system to the financial institution and account number named below.

US Financial Institution Name: _____

US Financial Institution Address: _____

US Financial Institution's ACH Routing/Transit Number: _____

☐ Checking ☐ Savings Account Number _____

Section 2

Information on the benefit recipient

Name: _____ SSN: _____

Street Address: _____

City, State ZIP _____

Telephone Number: _____

Name of Former Employer/Plan Sponsor: _____

If you are receiving a Survivor's benefit, please complete the following:

Deceased Retiree's Name: _____

Deceased Retiree's Social Security Number: _____

Please complete if you are receiving benefit payments from Comerica under more than one plan

☐ Please apply my direct deposit plan to all affected plans.

☐ Please only apply my direct deposit information to the following plan: _____

Section 3 (this section must be filled out or the form cannot be processed)**Declaration - U.S. law requires that the following information be obtained for all direct deposit (ACH) transactions**

Will the pension payment that is made via direct deposit pursuant to this Authorization be forwarded across the U.S. border to a foreign financial institution through the ACH network on the same day that it is deposited into your account?

☐ NO

☐ YES - fill out the Foreign Financial Institution information below:

Foreign Financial Institution Name: _____

Foreign Financial Institution Identification Number: _____

Foreign Financial Institution Address: _____

Section 4 - Certification

I certify that the information I have provided on this Electronic Funds Transfer Authorization form is correct and complete. I understand that this Authorization will remain in effect until I submit written authorization to cancel or change the information contained in this form.

Retiree/Beneficiary's Signature: _____ Date _____

CITY OF BATTLE CREEK
POLICE & FIRE RETIREMENT SYSTEM
ATTN: LILY VARDELL
10 N. DIVISION STREET STE 205
BATTLE CREEK, MI 49014

forward the form to the address listed above.