Oklahoma Firefighters Pension and Retirement System
4545 N. Lincoln Blvd., Suite 265
Oklahoma City, Oklahoma 73105-3407
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643
www.okfirepen.state.ok.us

Authorization for Direct Deposit

Firefighters Name (required) _____ SSN _____

Payee's Name (if applicable) _____ Payee SSN (if applicable) _____

Department Retired From _____ Fire Dept. County (if applicable) _____

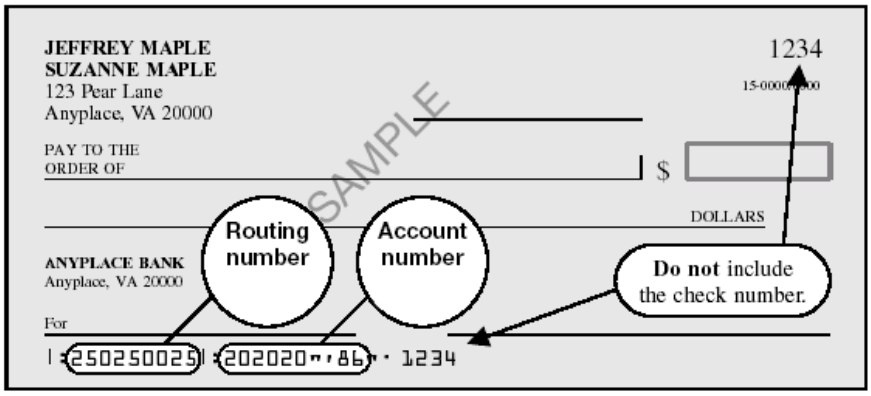
ENTER DIRECT DEPOSIT INFORMATION BELOW (ATTACH A VOIDED CHECK TO FORM)

Select type of account, if checking attach voided check, if savings see below: **(check one)** ☐ Checking ☐ Savings***

BANK NAME	BANK ADDRESS	ACCOUNT NUMBER (see example)

BANK PHONE NUMBER	CITY	STATE	ZIP CODE	ROUTING NUMBER (see example)

Attach voided check here:



Note. The routing and account numbers may be in different places on your check.

*****If you wish to have your benefit deposited into a savings account you will need to:**

1. Call your bank or credit union
2. Ask for the routing number and enter it above
3. Ask for your savings account number and enter it above

I, the undersigned _____, do hereby appoint the above named banking institution as my agent to receive, endorse, and collect the recurring amount payable to me from the Oklahoma Firefighters Pension and Retirement System (the System) for the purpose of making direct deposits to my account in said banking institution. This authorization is not an assignment of my right to receive such payment. This authorization hereby revokes all prior payment directions given to the System. I understand that I can cancel or change this information anytime, but it must be received **IN WRITING** to the System no later than the **15th of any given month**, for it to be effective during that month.

_____
Mailing Address

City _____ State _____ ZIP Code _____ Date _____

Phone _____ Applicant's Signature _____