



Chattanooga Fire & Police Pension Fund

PERIODIC PAYMENT CHANGE REQUEST FORM

FOR CHANGE OF ADDRESS/ELECTRONIC FUNDS TRANSFER

AUTHORIZATION USE ONLY General Information (Required)



Plan Account Number 18354400	Plan Account Name CHATTANOOGA FIRE & POLICE PENSION FUND
Participant Name	Participant Social Security Number

Participant Signature _____ Date _____

Change of Address Information. Complete if you choose to amend your address of record.

New Address	City	State	Zip



If you need to change your state withholding due to your address change, please call and request the **Federal and State Withholding Election Form**

Electronic Funds Transfer Information (For Direct Deposit).
Complete only if you choose to amend your current payment method.

Please discontinue my direct deposit as soon as possible and send my payment via check to my home address. (Please complete the Change of Address Information section to confirm your home address.)

Section I : Participant Authorization
Please deposit my retirement benefit in the account indicated. I authorize and direct my financial institution to complete and sign Section II and return this Authorization to the originating financial institution named at the bottom of this form.

Account Type (Check One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number
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ATTACH A VOIDED CHECK FOR THE RECEIVING ACCOUNT OR COMPLETE SECTION II

Section II : Financial Institution Authorization (To be completed by your Financial Institution)
As the named depository, we agree to return deposits to or reimburse the originating depository financial institution in the event deposits are received for the described account after the death of the authorized payee.

Financial Institution Name _____

Authorized Signature	Title	Date
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Routing Number (Cannot begin with the number 5)

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