DIRECT DEPOSIT AUTHORIZATION OR CANCELLATION

Directions:
New account authorization or account change – complete all sections.
Cancellation – complete parts I and II.

PART I – GENERAL INFORMATION (PLEASE TYPE OR PRINT)

Name of Annuitant/Payee	Social Security Number

Address of Annuitant/Payee, Apt #	City	State	ZIP

Home Telephone	Cell Telephone (if applicable)
( )	( )

PART II – TYPE OF REQUEST

I wish to (*check one*):

☐ Enroll in direct deposit of benefit payments or change my account information.

☐ Cancel direct deposit of benefit payments.

Signature of Annuitant/Payee, power of attorney (attach document), or guardian (attach court order)	Date

PART III – ACCOUNT INFORMATION (NEW OR UPDATED DIRECT DEPOSIT ONLY)

NAME ON ACCOUNT (*print*)**:** _____

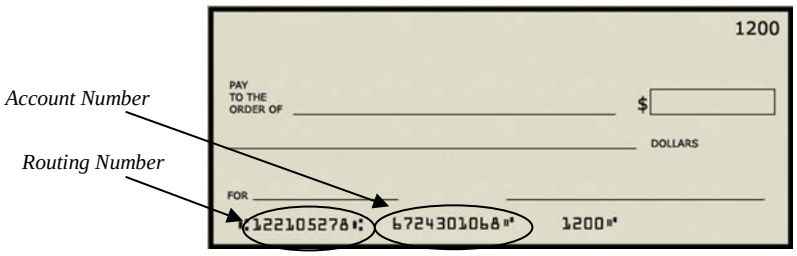
ROUTING #: | | | | | | | | | |

ACCOUNT #: | | | | | | | | | | | | | | | | |

TYPE OF ACCOUNT (*circle one*)**:**

CHECKING

SAVINGS



Acknowledgement: I, the above-designated annuitant/payee, am receiving a monthly benefit from the County Employees' and Officers' Annuity and Benefit Fund of Cook County or the Forest Preserve District Employees' Annuity and Benefit Fund of Cook County (collectively, the "Fund"). By my signature above, I hereby authorize the Fund to forward such payments by electronic funds transfer to the account indicated above which has been established in my name or for my benefit at the financial institution at which the account is held. If there is a joint account holder, his or her signature is provided below. This authority is to remain in full effect until my death or the end of my eligibility period, or until the Fund has received written notification from me of its termination in such time and manner as to afford a reasonable opportunity to act on it, or until the Fund has sent me a ten (10) day advance written notice of the Fund's termination of this arrangement.

Signature of joint account holder, if any	Date