

BNY MELLON TRUST

Authorization Agreement for Direct Deposit of Periodic Payments

I (we) hereby authorize and request Mellon Bank, N.A. or the Boston Safe Deposit and Trust Company, as applicable, hereinafter called PAYOR to make payment of any amount owing to me (either of us) for pension benefits by initiating credit entries to my (our) account indicated below in the bank or institution named below, hereinafter called FINANCIAL INSTITUTION.

I prefer that the funds be deposit via*

Electronic Funds Transfer (ACH) Mailing a check

*Please note that we will make every effort to deposit funds using the method you request. However, if the company authorizing the payment does not allow ACH deposits or the receiving financial institution does not have ACH capabilities, deposits will be made via a check mailed to the financial institution.

Institution:		Institution Address:	
Transit Routing Number (obtain from financial institution):	City:	State:	Zip Code:
Account Number:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Institution Representative Signature: X	Representative Telephone Number:		

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to PAYOR or FINANCIAL INSTITUTION. Any such notification to PAYOR shall be effective only with respect to entries initiated by PAYOR after receipt of such notification and reasonable opportunity to act on it.

I (we) hereby authorize PAYOR to debit my (our) account for amounts in error not to exceed the original credit or for any payments made to FINANCIAL INSTITUTION after my death (the death of either one or both of us). I (we) agree that PAYOR shall have the right to require from time to time evidence that I (we) am (are) living

Authorization

Payee's Name (Please Print):	Payee's Social Security Number:
Payee's Signature: X	Date:
Joint Account Holder's Name (Please Print):	Joint Account Holder's Social Security Number:
Joint Account Holder's Signature: X	Date:

Return this form to:
Anchorage Police & Fire Retirement System
P.O. Box 196650
Anchorage, AK 99519-6650
Toll Free Number: (877) 650-8400 Local: 343-8400
Fax: (907) 343-8439