

ELECTRONIC DEPOSIT AUTHORIZATION FOR PERIODIC PAYMENTS

PARTICIPANT is to complete this and **must attach a voided check** (for direct deposit to a checking account) or provide the **9 digit ABA Number** (for direct deposit to a savings account). **This form must be notarized** (see back of form). Please mail these to the following address:

City of Hollywood Employees' Retirement Fund
PO Box 229045
Hollywood, FL 33022-9045

(Call Wells Fargo Bank toll-free @ 1-877-877-1219 for monthly pension check questions)

[Please print or type all information to ensure accuracy in processing your request.]

CITY OF HOLLYWOOD EMPLOYEES' RETIREMENT FUND

PARTICIPANT'S NAME

PARTICIPANT'S SOCIAL SECURITY NO.

PARTICIPANT'S DAYTIME TELEPHONE #

PARTICIPANT'S HOME ADDRESS

CITY

STATE & ZIP

The undersigned authorizes and directs the Benefit Services Center of Wells Fargo Bank ("the Center") to electronically deposit recurring distributions from the retirement plan listed above to the designated checking or savings account of the undersigned. The undersigned agrees that each deposit shall be made as if authorized in writing by the undersigned. The undersigned further authorizes and directs the Center to debit or credit said account for the purpose of adjusting errors in amounts distributed. This authorization revokes all prior disbursement authorizations. The undersigned understands the Center reserves the right to cancel this agreement with prior notice, and the plan participant may cancel this authorization by providing written notice of cancellation to the Center not less than 30 days prior to the effective date of the cancellation. The undersigned agrees that the Center shall not be liable for losses caused by the depository institution's failure to act in accordance with this request.

Note: Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.

____ Direct Deposit to Checking Account (Voided Check Attached)

____ Direct Deposit to Savings Account (9 Digit ABA Number Must be Listed Below)

____ Cancel Deposits to my Account Effective: _____
Month/Day/Year

NAME OF DEPOSITORY INSTITUTION

ABA TRANSIT ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

PARTICIPANT'S / ACCOUNT HOLDER'S SIGNATURE

DATE

JOINT ACCOUNT HOLDER'S SIGNATURE

DATE

State of _____, County of _____

Before me this day personally appeared _____

who deposes that he/she is the same who signed this authorization form for electronic deposit of periodic payments under the City of Hollywood Employees' Retirement Fund, and that the statements made are true.

Witness my hand and official seal this _____ day of _____,

20____.

(Seal)

Signature of Notary Public