

Bismarck Firefighter's Relief Association

121 Tucson Ave. Bismarck, ND 58504

Authorization Agreement for Direct Deposits

Member's Name: _____
Last First MI

Member's Social Security Number: _____

It is mandatory that all persons receiving benefits from the Bismarck Firefighter's Relief Association use Direct Deposit. Along with this form, **you must provide a bank document such as a voided check, or bank form.** We cannot split the deposit among multiple accounts.

Bank Name: _____

Address: _____

Transit Routing Number: _____

Account Number: _____ Checking Savings
Check One

I understand that:

1. This election will remain in effect until I change it.
2. I may change elections as often as I wish.
3. To ensure that a change in election is effective, I must have it into the pension office by the 10th of the month.

I hereby authorize the Bismarck Firefighter's Relief Association to deposit my benefits directly into my checking or savings account. I have attached a voided check, and or a bank form.

Signature: _____ Date: _____