

Ohio Police & Fire Pension Fund 140 East Town Street Columbus, OH 43215 Phone: 1–888–864–8363

> Fax: (614) 628–1777 www.op–f.org

DIRECT DEPOSIT APPLICATION

Complete this form to enroll in direct deposit or to change the account or financial institution in which your payment is being deposited.

- · Your name must be on the account
- REQUIRED: Attach a voided check or bank verification letter for security purposes
- Forms received by the 15th day of the month will be effective with your next benefit payment

OP&F will mail a statement each time your net payment amount changes. An annual statement will also be mailed. Statements may be viewed online at www.op-f.org, using the Member Self-Serve Web link.

Section A: Member or Payee in	formation	
Name: First, MI, Last, suffix (Jr. III, etc.)	Is payee also OP&F member?	Yes No Member or Payee's Social Security number
Street Address / Post office box		M 1 0 110 11 1 1 1 1 1
City, State, ZIP code		Member Social Security number (if not same as above)
Oity, State, Zii Gode		
Home phone	Alternate phone	Email address
Section B: Direct Deposit inform	nation	
		ge the financial institution where the benefits will nave sent to the financial institution listed below:
☐ Service, Disability, Survivor benefits ☐ D	ROP distributions Re-employed retire	ee benefits Alternate payee/Division of Property Order
Name of financial insitution		king account Telephone ngs account
Street address City, State, ZIP code		
In the spaces below, provide the requeste	d information for the financial institution	on where you want your funds deposited:
Routing number of financial institution	Your account number	
If you are CHANGING your direct deposi effect before a change will be made:	t currently on file with OP&F you must	provide the direct deposit information currently in
Your current financial institution on file with OP8	Your current account number on file	with OP&F
☐ My voided check or a bank verif	ication letter is included (require	ed)
Section C: Signature and ackno	owledgement	
in Section B. This authorization revokes OP&F until cancelled by notice from me,	all prior direction of payment notificat my death, or my payments are termi Administrative Code 742-3-29 to OP&	to my account at the financial institution listed ions. This authorization will remain in effect with inated pursuant to Ohio law. I understand that &F payees and that OP&F assumes no liabilities
Member or Payee's signature:		Date of signature: