Ohio Police & Fire Pension Fund
140 East Town Street
Columbus, OH 43215
Phone: 888–864–8363
Fax: (614) 628–1777
www.op–f.org

DIRECT DEPOSIT APPLICATION

Please complete this form to authorize your monthly payments from OP&F to be electronically Direct Deposited to your designated bank account on the first business day of every month.

You must return this completed form along with a voided check to OP&F.

❑ **If you are already receiving a monthly payment from OP&F,** please check this box to enroll in electronic Direct Deposit, or would like to change the designated bank account or financial institution your payment is being deposited to. This account must include the name of the OP&F member or payee. You must return the completed form with a voided check to OP&F by the 15th day of the month in order for your payment to be deposited in your designated bank account the following month. You are encouraged to keep your former account open until you have verified that your payment is being deposited into your new account.

❑ Please check this box **if you have not yet received a payment from OP&F.**

You will only receive a statement each time your net payment amount changes. You will also receive an annual statement from OP&F indicating the exact amount of your payment and details on any deductions or reimbursements.

Section A: Member or Payee information

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

City, State, ZIP code

Member Social Security number (if not same as above)

Home phone ❑ New | Alternate phone ❑ New | Email address ❑ New

Is this a temporary address? Yes No (Start date: _____ /stop date: _____)

Section B: Direct Deposit information

Please indicate which monthly payment(s) you wish to have sent to the financial institution listed below:

❑ Service or disability benefits ❑ DROP distributions ❑ Re-employed retiree benefits ❑ Alternate payee/Division of Property Order

Name of financial insitution | ❑ Checking account ❑ Savings account | Telephone

Street address | City, State, ZIP code

Bank routing number | Your account number

Section C: Signature and acknowledgement

I authorize and request OP&F to electronically transfer my monthly payments to my account at the financial institution listed in Section B. This authorization revokes all prior direction of payment notifications. This authorization will remain in effect with OP&F until cancelled by notice from me, my death, or my payments are terminated pursuant to Ohio law. I understand that Direct Deposit is provided as a service to OP&F payees and that OP&F assumes no liabilities including consequential or special damages.

Member or Payee's signature: ▶ | Date of signature:

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