



## PENSION PAYMENT DIRECT DEPOSIT AUTHORIZATION

Please submit to the pension office by the 28<sup>th</sup> of the month for the following payroll.

**SECTION I** - To be completed by the retiree/beneficiary. **All fields must be completed.**

I hereby authorize Bank of America as an agent for the Custodian of the City of Miami General Employees' and Sanitation Employees' Retirement Trust, hereinafter called the Drawer, to transmit my retirement benefit checks to:

**Bank Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Account No:** \_\_\_\_\_

**For Credit To:**  Checking Account  Savings Account

I authorize and direct said bank to charge said account, or the account of my estate, for any payment made subsequent to my death and to refund any such payment to the Drawer.

I agree for myself, my heirs, executors and estate to indemnify and save said Bank harmless from any and all loss and damage of any nature whatsoever by reason of said Bank having entered into the above-described arrangement.

I reserve the right to revoke or cancel this authorization and agreement by giving written notice thereof to the Drawer and Depository Bank named above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **SSN (last 4 digits)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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### To Be Completed by a Notary Public:

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is personally known to me or produced a \_\_\_\_\_ as identification and to whose signature this notarization applies.

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Name of Notary - Printed or Stamped)

Printed on: 06/03/2025



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**SECTION II** – To be completed by an officer of the bank.

We agree to the before mentioned provisions and in consideration of release by the Drawer from the requirement to file periodic affidavits that the retiree-depositor is alive, we hereby agree: (1) to notify the Drawer should the retiree-depositor cease to maintain said account with us or, should we receive notification of the death of said depositor; (2) to pay to the Drawer all sums forwarded to this Bank after the death of the retiree-depositor in accordance with the before mentioned provisions.

**Name of Account Holder:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Bank Routing Number:** \_\_\_\_\_

**Name of Depository Bank:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Name of Bank Officer:** \_\_\_\_\_

**Title of Bank Officer:** \_\_\_\_\_

**Signature of Bank Officer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please mail or deliver to:

**City of Miami General Employees' & Sanitation Employees' Retirement Trust  
2901 Bridgeport Ave, Coconut Grove, FL 33133-3607**

For further assistance please contact us at (305) 441-2300.

### For Internal Office Use Only:

Notes:	
Verified by:	Date: