

**SPRINGFIELD FIREFIGHTER'S PENSION FUND  
DIRECT DEPOSIT REQUEST FORM**

**Pensioner Name:** \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Routing #: (9 Digits) \_\_\_\_\_

**Primary Account- *Primary Pension Payment Direct Deposit Account***

Primary Account #: \_\_\_\_\_

(Please check the appropriate box)

Account Type:       Checking                       Savings

Type of Change:       New Account                       Change Bank Information

**Optional Second Account:**

New Account                       Change Bank Information

Cancel Account #: \_\_\_\_\_

*(List account to remove)*

Bank Name: \_\_\_\_\_ Bank Routing #: (9 Digits) \_\_\_\_\_

Account #: \_\_\_\_\_

(Please check the appropriate box)

Account Type:       Checking                       Savings

Deposit Dollar Amount\$ \_\_\_\_\_

**INSTRUCTIONS**

**Attach a Voided Check to this form if you have requested your deposit to be made in a checking account.**

Please sign/date and return to the Springfield Firefighter's Pension Fund, Municipal Center West, Room 104, Springfield, IL. 62701.

**Pensioner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_