



DIRECT DEPOSIT AUTHORIZATION

FORM 425

(rev. 03/2012)

Chicago Teachers' Pension Fund

203 North LaSalle Street, suite 2600 | Chicago, Illinois 60601-1231 | Phone: 312 641 4464 | Fax: 312 641 7185

SECTION 1—MEMBER INFORMATION

Legal name	first	middle initial	last	suffix	Social security number
Telephone number (with area code)			Cell phone (with area code)		

PLEASE NOTE: The **MEMBER** must be the **primary account holder** for all accounts for which direct deposit is requested. CTPF **does not** accept requests to deposit into **trust or brokerage accounts**.

I authorize and request the Chicago Teachers' Pension Fund to direct recurring pension payments to the account(s) specified below. I understand that this form supersedes any previously filed direct deposit authorization form.

Signature: _____

Date: _____

BENEFIT TYPE

Check the benefit for which the change is being requested.

- SERVICE OR RECIPROCAL PENSION
- DISABILITY PENSION
- SURVIVOR PENSION
- REVERSIONARY PENSION

SECTION 2—ACCOUNT INFORMATION

If you are requesting direct deposit to **one account**, complete the **primary account** information below.

If you are requesting direct deposit to **two accounts**, complete the **primary and secondary account** information below. You must designate a fixed dollar amount for the secondary account. The balance will be deposited into the primary account.

PRIMARY ACCOUNT (Required account)

Bank name _____

Account no. _____

Account type (check one):

- checking/money market savings

Provide the **bank name and account number** for each account. If you are adding a **secondary account** and your primary account is not changing, only complete the secondary account information.

Contact your financial institution if you need assistance determining your account number.

SECONDARY ACCOUNT (Optional account)

Bank name _____

Account no. _____

Account type (check one):

- checking/money market savings

Amount to be deposited \$ _____

(AMOUNT MAY ONLY BE CHANGED ONCE IN A 12-MONTH PERIOD).

SECTION 3—VERIFICATION AND DOCUMENTATION

If you are requesting direct deposit to your **checking account**, attach a **voided personal check**. The check must be printed with your name and the name of any joint account holders, in the upper left hand corner. CTPF cannot accept a temporary check.

If you do not have a printed check, enclose a letter from your financial institution on their official letterhead, signed by a personal banker, indicating the **routing number, account number**, and any **joint account holders**.

If you are requesting direct deposit to your **savings account**, enclose a letter from your financial institution on their official letterhead, signed by a personal banker, indicating the **routing number, account number**, and any **joint account holders**.

Tape copy of voided check here. DO NOT STAPLE.

If submitting this form by fax, send to 312.641.6745