



# DIRECT DEPOSIT AUTHORIZATION

FORM 425

(rev. 02/2010)

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—VERIFICATION AND DOCUMENTATION **The following must be included for the direct deposit request to be processed.**

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.**

## SECTION 3—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.

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.

### PRIMARY ACCOUNT (Required account)

Bank name \_\_\_\_\_

Account no. \_\_\_\_\_

Account type (check one):

- checking/money market
- savings

### 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).

**If submitting this form by fax, send to 312.641.6745**