

**MUNICIPALITY OF MONROEVILLE POLICE PENSION PLAN  
DIRECT DEPOSIT AUTHORIZATION**

*Please attach a voided check*  
*Deposit slips will only be accepted for a Savings account*

Pension Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

I hereby authorize the Municipality of Monroeville to initiate credit entries and to initiate if necessary debit entries and adjustments for any credit entries made in error to my checking / savings account indicated below at the financial institution named below and to credit and/or debit the same to such account. A voided check is attached.

Financial institution Name \_\_\_\_\_

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

City, State and Zip \_\_\_\_\_

Checking # \_\_\_\_\_ Savings # \_\_\_\_\_

ABA Routing # \_\_\_\_\_

This authority is to remain in full force and effect until the Municipality of Monroeville has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity act on it.

Any new institution information will require a new form to be completed and submitted with a new voided check.

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

*Please attach a voided check*  
*Deposit slips will only be accepted for Savings accounts*