

POLICEMEN'S AND FIREFIGHTERS RETIREMENT FUND

Payroll Direct Deposit Authorization

I hereby authorize LFUCG Policemen's and Firefighters Retirement Fund to initiate the direct deposit of my net pay to the account listed below. I understand if excess funds are deposited into my account, an adjustment for this error may be made to the deposit the next payroll period.

This authorization will remain in effect until the LFUCG Policemen's and Firefighters' Retirement Fund has received written notification from me at least seven (7) days prior to the next scheduled pay date.

Employee Number _____

Employee Name: _____
Last First Middle Initial

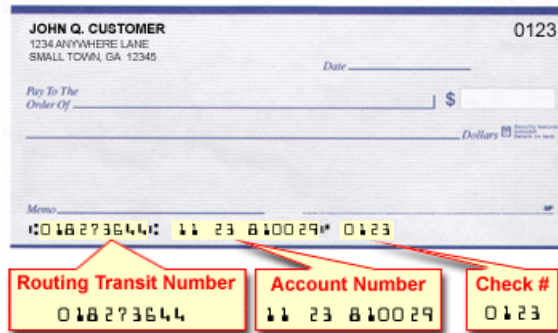
Social Security Number _____ - _____ - _____

Bank Name: _____

Bank City/State: _____

Routing Transit No: _____

Account Number: _____



Please check the appropriate account (**only one**)

___ Checking ___ Savings

Signature _____

Date _____

****Please attach a VOIDED CHECK to this authorization.**

Please mail your completed form to the: Police & Fire Pension Office
200 East Main Street
Lexington, KY 40507

NOTE: Upon receipt of this form you will receive a check the first pay period only and then the direct deposit will begin on the following pay period unless noted below that you would like to omit the pre-note step and then you check will automatically deposit into the new account indicated above.

_____ Pre-note _____ Do not pre-note