



**Rhode Island Department of Labor and Training  
Board of Police Officers and Firefighters Relief**

## **DIRECT DEPOSIT AUTHORIZATION /CANCELLATION**

Complete this application to have your monthly annuity payment from the Rhode Island Police Officers and Firefighters Relief Fund electronically deposited into your existing checking or savings account, or if you are canceling the direct deposit of your benefits.

Direct Deposit is offered to you for your convenience. It will not speed up the actual payment of your annuity. Your deposit will normally be in your account on the fourth Friday of the month. Call your bank to verify the deposit. If your bank is unable to process your direct deposit transaction, a check will be sent to your mailing address. The direct deposit of an annuity payment will start within 2 payment cycles.

**To Elect Direct Deposit:** complete all of the **Personal Information** and **Bank Information** requested below. If you are applying for direct deposit into a checking account, attach a CHECK MARKED "VOID" to the application. If a savings account, include any bank documentation as proof of routing and account numbers. You may have to contact your bank to obtain the bank's Routing Number.

Check the appropriate box under **Direct Deposit Authorization/Cancellation**. Sign and date this application and mail it to: RI Department of Labor and Training, 1511 Pontiac Avenue, Cranston, RI 02920.

**To Cancel Direct Deposit:** complete all of the **Personal Information**, you do not need to complete the Bank Information. Check the cancellation option, sign and date the form.

**MAIL Completed Forms:** to: RI Department of Labor and Training, Police and Firefighters Relief Fund, 1511 Pontiac Ave., Cranston, RI 02920.

### **PERSONAL INFORMATION** (Please Print Clearly). Please fill out all sections.

Your Name:		Social Security No:	
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### **BANK INFORMATION** (Only one bank account may be entered)

Name of Your Bank:
Bank Account Type (check one): <input type="checkbox"/> Checking      OR <input type="checkbox"/> Savings
Bank Account Number: (Attach check marked "void")
Your Bank's Routing Number:

### **Direct Deposit Authorization/Cancellation**

PLEASE CHECK ONE:

☐ I authorize my net check to be sent to the financial institution named above to be deposited into the designated account.

☐ I request cancellation of direct deposit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_