



City of Austin Police Retirement System

REQUEST FOR ADDRESS and/or BANK ACCOUNT CHANGE

Only changes received on or before the 15th day of the month will be effective for that month's payment. **In addition to completing and submitting this form retirees must also submit a voided check (no temporary checks) or a document from their financial institution which contains the institution's name, routing number, account number, and the names of the account holders.**

I request that the change(s) indicated below be made effective:

- On the next paycheck issued. (Paychecks are mailed at the end of each month for the month ending. The necessary form must be received by the System by the 15th day of that month)
- On the check issued at the end of _____, 20_____.
Month

Change Requested:

- I have attached a voided check or bank document showing my name, routing number and account number. Please discontinue my present check handling arrangements and begin depositing my checks into this account.
- Please discontinue my direct deposit and mail my checks to the address below.
- Please change my check mailing address to the address below.
- Please change my mailing address only. Do not change the directions regarding my retirement check.

Name: _____ SSN (last four digits): _____

Address: _____

City, State, Zip: _____

E-Mail Address: _____ Phone Number: _____

Type of Account: Checking Savings

Name of Bank/Financial Institution: _____

Routing Number: _____

Account Number: _____

Signature

Date

This request must be signed by the retiree or the surviving beneficiary who receives the checks. Any other requestors must contact the System at (512) 416-7672 for further instructions.