## Item 6 Administrative Items

# Item 6.a. Direct Deposit Authorization Form

### City of Delray Beach

Pension Dept.



### MEMORANDUM

TO: Board of Trustees of the City of Delray Beach Firefighters'

Retirement System

FROM: Lisa Castronovo, Pension Administrator

SUBJECT: Salem Trust's Direct Deposit Authorization form

DATE: 2/26/2023

#### Issue:

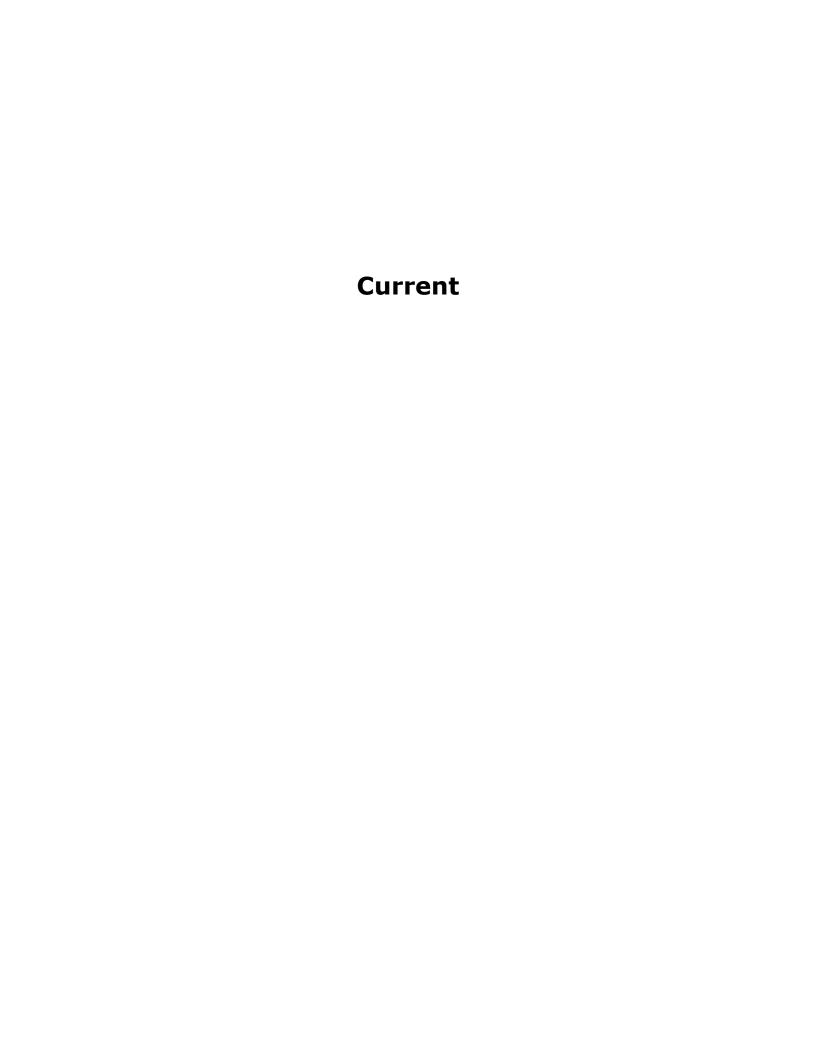
Salem Trust's Direct Deposit Authorization form

#### Background:

To combat fraud, I would like to add a notary requirement to Salem Trust's Direct Authorization form we use for our retirees and refund recipients.

#### Recommendation:

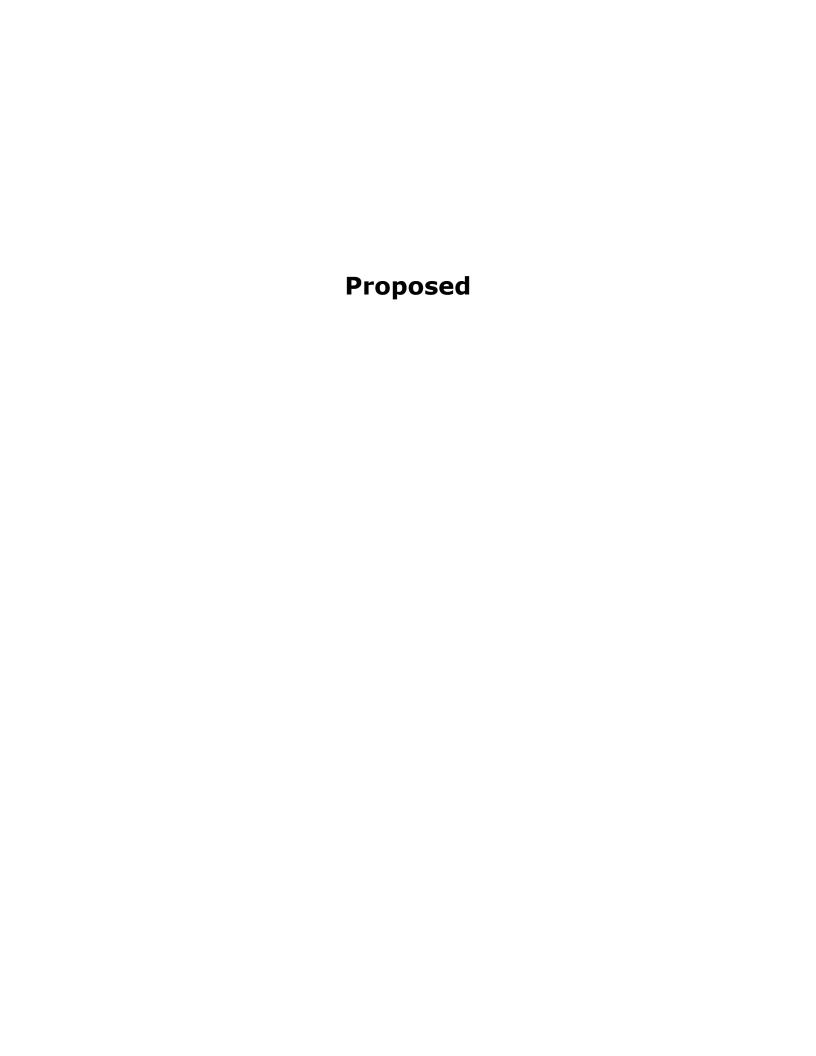
Approve proposed Direct Deposit Authorization form for Salem Trust.





#### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

RECIPIENT'S NAME:		
SOCIAL SECURITY NUMBER:		
PLAN NAME: City of Delray Beach Firefighters' Retirement System (Acct #S0740001219)		
I hereby authorize SALEM TRUST COMPANY to initiate credit and debit entries or adjustments (if necessary for any credit entries made in error) to my checking or savings account as indicated below. SALEM TRUST COMPANY is only permitted to withdraw money from my account if an overpayment has been deposited into that account. Prior to making any deductions, SALEM TRUST COMPANY is required to notify me and the Board of Trustees of the above-referenced plan of the overpayment.		
ACCOUNT INFORMATION (Check one)		
CHECKING (Attach a voided check; deposit slips are not accepted. If you do not include a voided check, we will apply the funds to the routing and account number listed below)		
SAVINGS (Attach a voided deposit slip; you may need to check with your bank for the routing number)		
MONEY MARKET CHECKING (Attach a voided check; check with your bank, most money markets are checking accounts, but some are considered savings accounts)		
MONEY MARKET SAVINGS (Attach a voided deposit slip; check with your bank, most money markets are checking accounts, but some are considered savings accounts)		
FINANCIAL INSTITUTION INFORMATION		
ROUTING OR ABA NUMBER (first 9 digits):		
ACCOUNT NUMBER:		
BANK NAME:		
PHONE NUMBER (Including area code):		
This authorization is to remain in full force and effect until SALEM TRUST COMPANY has received notification from me of its termination, in such a manner as to afford SALEM TRUST COMPANY and my financial institution a reasonable opportunity to act upon my request. I hereby agree to hold SALEM TRUST COMPANY harmless from any loss resulting from following the above instructions.		
If any payments are deposited to my account which I am not entitled to receive under said Plan, by reason of death prior to the date when such payments became due, then for myself, my heirs, executors and assigns, I agree to repay and refund the amount of any such overpayments. I hereby authorize and direct the financial institution named above to refund the amount of such overpayments to SALEM TRUST COMPANY and debit the amount from my account.		
SIGNATURE:DATE:		





#### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

SOCIAL SECURITY NUMBER:	
	irefighters' Retirement System (Acct #S0740001219)
I hereby authorize SALEM TRUST COMPAN entries made in error) to my checking or savin, withdraw money from my account if an overpa	NY to initiate credit and debit entries or adjustments (if necessary for any credit gs account as indicated below. SALEM TRUST COMPANY is only permitted to ayment has been deposited into thataccount. Prior to making any deductions, SALEM and the Board of Trustees of the above-referenced plan of the overpayment.
ACCOUNT INFORMATION (Check one)	
CHECKING (Attach a voided capply the funds to the routing and account num	theck; deposit slips are not accepted. If you do not include a voided check, we will inber listed below)
	posit slip; you may need to check with your bank for the routing number)
MONEY MARKET CHECKIN checking accounts, but some are considered sa	IG (Attach a voided check; check with your bank, most money markets are avings accounts)
MONEY MARKET SAVINGS are checking accounts, but some are considered	(Attach a voided deposit slip; check with your bank, most money markets d savings accounts)
FINANCIAL INSTITUTION INFORMATI	ION
ROUTING OR ABA NUMBER (first 9 digits)	):
ACCOUNT NUMBER:	
BANK NAME:	
PHONE NUMBER (Including area code):	
its termination, in such a manner as to afford S	d effect until SALEM TRUST COMPANY has received notification from me of SALEM TRUST COMPANY and my financial institutiona reasonable opportunity SALEM TRUST COMPANY harmless from any loss resulting from following
date when such payments became due, then fo	which I am not entitled to receive under said Plan, by reason of death prior to the or myself, my heirs, executors and assigns, I agree to repayand refund the amount and direct the financial institution named above to refund the amount of such Y and debit the amount from my account.
SIGNATURE:	DATE:
OUNTY OF:	STATE OF:
ne foregoing instrument was acknowledged before	ore me by means of () physical presence or () online notarization this day
, 20 by	, who is personally known to me or who has
oduced the following identification:	·
	My Commission Expires:
otary Public	· · · · · · · · · · · · · · · · · · ·