



Alabama Firefighters' Annuity and Benefit Fund
P.O. 71210
Tuscaloosa, Alabama 35407

AUTO DEBIT AUTHORIZATION FORM

I _____, hereby authorize

_____ to debit my account, as described below, in the amount of \$20 each month beginning this date _____ and each month thereafter until revoked in writing.

Please Mark One:

- Initial Setup
- Change of Account
- Revoke Auto-Debit Authorization

Printed Name As It Appears on Check

Social Security Number _____ - _____ - _____

Name of Financial Institution

Account Type (circle one): Checking or Savings

Bank Routing Number: _____ (nine digit number)

Your Daytime Phone Number: (_____) _____ - _____

Your Mailing Address: _____

By signing below, the member authorizes the above institution, the Alabama Firefighters' Annuity and Benefit Fund, and agrees that should any of the above information given change, the member will provide the changes in writing.

Signature: _____

Date: _____

Member Number: _____

*****ATTACH COPY OF VOIDED CHECK ,IF APPLICABLE, BEFORE RETURNING FORM*****