

Office of Retirement Services

Federated City Employees' Retirement System Police and Fire Department Retirement Plan

AUTOMATIC DEDUCTION ELECTION FORM: PAYMENTS TO <u>PREMIER ONE CREDIT UNION</u>

I, ______ hereby **authorize** the Office of Retirement Services to deduct the payment below from my retirement benefits <u>each month</u>, and to send the amount so deducted directly to Premier One Credit Union on my behalf.

Monthly Amount: \$ _____

I UNDERSTAND THAT I MAY CANCEL AND REVOKE THIS AUTHORIZATION AT ANY TIME BY DELIVERING A WRITTEN NOTICE OF CANCELLATION AND REVOCATION TO THE OFFICE OF RETIREMENT SERVICES AT LEAST 30 DAYS BEFORE MY NEXT SCHEDULED RETIREMENT ALLOWANCE PAYMENT

Signed: _____

Print Name: _____

Dated: _____