

**City of Marco Island Firefighters' Pension Fund**

**Deduction Authorization Form**

As a duly authorized representative of the City of Marco Island Firefighters' Pension Fund, I hereby request and authorize the withdrawal of \$\_\_\_\_\_ from contract number \_\_\_\_\_ to pay expenses related to operation of the plan.

- ☐ A check made out to the Payee should be mailed directly to the Payee, with a copy provided to the City of Marco Island.
- ☐ A check made out to the Payee should be mailed directly to the City of Marco Island for delivery to the Payee

Payee name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Description of expense:***

\_\_\_\_\_

\_\_\_\_\_

***Name of authorized representatives (Require two (2) signatures):***

\_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_

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

**The Standard is not responsible for determining the validity of any expenses identified above.**

After the form is completed, signed and dated, please fax to the attention of your account manager [name] \_\_\_\_\_ at (239) \_\_\_\_\_.