City of Marco Island Police Officers' Pension Fund

Deduction Authorization Form

As a duly authorized representative of the City of Marco Island Police Officers' 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 Signature

Print Name: _____ Print Name: _____

Date: _____ 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) _____.