RESOURCE CENTERS, LLC

Miramar Firefighters' Pension Fund Direct Deposit Form

Name: _____
last first middle

Social Security Number: _____

Signature: _____ Date: _____

I authorize the plan administrator and/or Northern Trust to initiate Direct Deposits (credit entries) to my financial institution account indicated below. This authorization will remain in full force and effect until the administrator receives written notification from me of its termination. Any changes to this authorization must be received by the the administrator no later than the 10th of the month to take effect on the 1st of the following month.

A CHECKING:

Institution: _____ Branch: _____
City: _____ State: _____
Routing/ABA# _____ Acct# _____

attach VOIDED CHECK

B SAVINGS:

Institution: _____ Branch: _____
City: _____ State: _____
Routing/ABA# _____ Acct# _____

Return to:
Resource Centers, LLC
4360 Northlake Boulevard Suite 206
Palm Beach Gardens, FL 33410