



**AFRF**  
AUSTIN FIREFIGHTERS  
RETIREMENT FUND

## DIRECT DEPOSIT FORM

NAME	
BANK / FINANCIAL INSTITUTION NAME	
ACCOUNT NUMBER	
TYPE OF ACCOUNT	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
ROUTING NUMBER	

***Please attach a voided blank check or other verification of bank account.***

By signing below, I certify to the Austin Firefighters Retirement Fund (the "Fund") that the information above is true and correct. I authorize and direct the Fund to deposit any distribution payable to me from the Fund on or after the date below to the account listed above and update my information in the Fund's records accordingly.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Please send completed form to:**

Austin Firefighters Retirement Fund  
4101 Parkstone Heights Drive, Suite 270, Austin TX 78746  
Or email [staff@AFRFund.org](mailto:staff@AFRFund.org) to request a secure digital submission link.