



Application for Direct Deposit

IMRF Form 1199 (Rev. 07/07)

This form should be completed by the Benefit Recipient (IMRF member or person receiving the IMRF benefit payment).

Name		IMRF Member ID	
Address (Number, Street)		City	State
			Zip
Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone Number	
Account Information—Important: The name of the person who will receive the IMRF benefit payments must be on this account. Please provide the information requested below. If you are unsure of any of the requested information, contact the financial institution where you have your account. (See the back of this form for more information.)			
Name of Financial Institution		Branch Telephone Number	
Branch Address (Number, Street)		City	State
			Zip
Account Number			
Financial Institution Routing Number		Type of Account	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		

I authorize and request the Illinois Municipal Retirement Fund to direct IMRF recurring payments for crediting to my account at the financial organization designated above. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial organization designated reserves the right to cancel this agreement by notice to me; however, this authorization will remain in effect with IMRF until cancelled by notice from me or by my death. Further, I understand and agree that **IMRF will stop direct deposit if I fail to keep IMRF informed of my current address.** I also permit the release by the bank or financial institution of my current address to IMRF. I understand that a new Form 1199 is required if I change my financial institution, my account number **or** my name.

X

Signature of Benefit Recipient, Power of Attorney*, or Guardian*
*Attach court documents if not already submitted

Date

Fax your completed form to IMRF at 630-368-5398 or mail it to:
IMRF, 2211 York Road Suite 500, Oak Brook IL 60523-2337

Member Service Representatives 1-800-ASK-IMRF (1-800-275-4673)

Required Account Information

Important: The name of the person who will receive the IMRF benefit payments must be on this account.

IMRF needs you to provide specific account information on the reverse side of this form in order to set up Direct Deposit:

- Name of your financial institution
- Phone number of the branch you use
- Address of the branch you use
- Your account number
- Your financial institution's routing number
- Type of account

A routing number is a nine-digit number, and is a completely separate number from your account number.

If you have a savings or brokerage account, you should call the financial institution where you have your account to obtain the correct routing number.

If you have a checking account, see the sample below for how to get your account number and the correct routing number from your blank checks. (Note: If you have temporary checks, call the financial institution where you have your account to obtain the correct routing number.)

The image shows a sample check form with the following details:

- Payee:** Mary Member, John Member, 123 Main Street, Anywhere, IL 60606
- Date:** _____
- Pay to the Order of:** _____
- Amount:** \$ _____ Dollars
- Bank:** Bank of Anywhere, Anywhere, IL 00000
- For:** _____
- Check Number:** 123456789
- Routing Number:** 1122334455
- Account Number:** 9676

A large "SAMPLE" watermark is overlaid on the check. A callout box points to the routing and account numbers with the text: "Do not include the check number as part of your account number. (The check number is generally printed immediately after your account number.)"

Member Service Representatives 1-800-ASK-IMRF (1-800-275-4673)