

**AUTHORIZATION FOR ELECTRONIC TRANSFER (*DIRECT DEPOSIT*) OF
PERIODIC PENSION PAYMENTS FROM
THE CITY OF CHATTANOOGA GENERAL PENSION PLAN**

Payee Name:	
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Social Security Number:	
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I am receiving (will receive) periodic pension payments from the City of Chattanooga General Pension Plan. As such, I request that, beginning with the next (first) payment due and continuing until further written notice from me, First Tennessee Bank National Association deposit such payments, as soon as administratively feasible, to the credit of my account at the financial institution below:

Financial Institution:	
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Address of Financial Institution:	
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ABA Routing Number:	
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Deposit to Account Number:	
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Checking Savings

IF CHECKING, ATTACH A BLANK VOIDED CHECK TO THIS FORM

Exact Name of Account:	
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Furthermore, First Tennessee Bank National Association is authorized to initiate debit entries to my account referenced above in the event of my death prior to payment date of a benefit and for other instances where a credit is made in error for which I am not entitled to receive.

Signature of Payee

Signature of Other Persons Owning
Above Account

Return completed form to the following:

City of Chattanooga City Hall
101 East 11th Street, Room 201
Chattanooga, Tennessee 37402

Rev/2007