Champaign Police Pension Fund Request for or Change in Direct Deposit

* indicates required	information–this form will b	e returned if these items are not filled in.
•	w Direct Deposit to be starte ange to a current Direct Dep	
*Type of Pension: (Check only one)	[]Regular Retirement []Non-Duty Disability	[]Duty Disability []Surviving Spouse
*Name		
Address		
City	State	Zip
Phone: Home	Cell	
Email		
*Name of Bank		
*Bank Phone Numb	er	
(Please call the bank	mber k - an increasing number of l erent from the one that appea	arge banks use a separate routing number for
*Type of Account (c	checking, savings, etc.)	
*Account Number _		
	•	scheduled for the first of/
where you want pen- chance of a delay in	sion checks deposited. Any cathe first transaction. Do not a	voided one (not a deposit slip) for the account change in financial procedures carries with it a make financial commitments based on an of for the first direct deposit transaction.
Any questions, pleas	te call the office at 217-359-4	4827 or email CPPFoffice@gmail.com.
Mail this completed	form to: Champaign Police	Pension Fund

Mail this completed form to: Champaign Police Pension Function 10 Henson Pl, Ste 2
Champaign, IL 61820