

**THE RETIREMENT BOARD
of the
FIREMEN'S ANNUITY AND BENEFIT FUND
OF CHICAGO**

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(800) 782-7425

**THIS SPACE FOR
OFFICE USE ONLY**

File # _____

Company: _____

**CREDIT UNION AUTOMATIC
DEDUCTION AUTHORIZATION FORM**

ANNUITANT'S NAME _____

SOCIAL SECURITY # _____

ADDRESS _____

_____ (City, State and Zip Code)

TELEPHONE # _____

I _____ AUTHORIZE THE FIREMEN'S ANNUITY AND BENEFIT FUND OF CHICAGO TO DEDUCT FROM MY MONTHLY PENSION CHECK FOR THE FOLLOWING (SELECT ONE):

____ CHICAGO FIREFIGHTERS' CREDIT UNION (CENTRAL)

AMOUNT \$ _____

____ CHICAGO FIREMAN'S ASSOCIATION CREDIT UNION (ARCHER)

AMOUNT \$ _____

____ CHICAGO FIRE OFFICERS' ASSOCIATION CREDIT UNION (WESTERN)

AMOUNT \$ _____

ANNUITANT'S SIGNATURE

DATE