



# Direct Deposit Authorization Form (with Return Address)

## 1. Participant Identification (Required Fields)

Plan Name Federal Signal Corporation Paygroup # 3010 0177 XXX - XX -  
Social Security Number

Payee Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 2. Direct Deposit Instructions (Required Fields)

ADD-deposit my pension plan distribution in the account below

CHANGE-my existing direct deposit instructions

CANCEL-existing direct deposit and issue monthly disbursements to the above home address

Bank Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_

ABA Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Checking Account      **\*\*IF CHECKING-CANCELLED CHECK REQUIRED**

Savings Account

## 3. Notary Public

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public \_\_\_\_\_ State of \_\_\_\_\_

Notary Signature \_\_\_\_\_ Commission Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

## 4. Participant Signature

I acknowledge that the above information is true and accurate.

Retiree Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Retiree Phone Number \_\_\_\_\_

**Please retain a copy for your records and return the original to:**

**Federal Signal Corporation  
Attn: Pension Administration  
1415 West 22nd Street, Suite 1100  
Oak Brook, IL 60523**