



CHANGE ACCOUNT FOR ELECTRONIC PAYMENTS FROM IMRF

IMRF Form 3.01 (08/06)

Please complete this form to change the account you would like IMRF to use when we send your electronic payment for health premiums deducted from your retired members' benefit payments.

EMPLOYER NAME		EMPLOYER NUMBER				
		0				
CONTACT NAME		TELEPHONE NUMBER				
ADDRESS (NUMBER, STREET)						
CITY		STATE			ZIP +4	
BANKING INSTITUTION NAME				TELEPHONE NUMBER		
ADDRESS (NUMBER, STREET)						
CITY		STATE			ZIP +4	
TYPE OF ACCOUNT				ACCOUNT NUMBER		
Checking <input type="checkbox"/> Savings <input type="checkbox"/>						
ABA ROUTING NUMBER						
<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"/>						

_____ AUTHORIZED AGENT (Print Name)	
X _____ SIGNATURE OF AUTHORIZED AGENT	_____ DATE