



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 <i>City of Anywhere</i>		EMPLOYER NUMBER <table border="1"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>		0	0	0	0	0				
0	0	0	0	0								
CONTACT NAME <i>Annie Agent</i>		TELEPHONE NUMBER <i>(000) 000 - 0000</i>										
ADDRESS (NUMBER, STREET) <i>123 Elm Street</i>												
CITY <i>Anywhere</i>	STATE <i>IL</i>	ZIP +4 <i>60000-0000</i>										
BANKING INSTITUTION NAME <i>First Bank of Anywhere</i>		TELEPHONE NUMBER <i>(000) 000 - 0000</i>										
ADDRESS (NUMBER, STREET) <i>123 Main Street</i>												
CITY <i>Anywhere</i>	STATE <i>IL</i>	ZIP +4 <i>60000-0000</i>										
TYPE OF ACCOUNT Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>		ACCOUNT NUMBER <i>000-000-A1234</i>										
ABA ROUTING NUMBER <table border="1"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>				0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0				

Annie Agent

AUTHORIZED AGENT (Print Name)

X*Annie Agent*

SIGNATURE OF AUTHORIZED AGENT

July 1, 2012

DATE

Illinois Municipal Retirement Fund

Suite 500 2211 York Road Oak Brook IL 60523-2337

Service Representatives 1-800-ASK-IMRF (1-800-275-4673)