



# 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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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)	
<b>X</b> _____ SIGNATURE OF AUTHORIZED AGENT	_____ DATE