



CHARLOTTE FIREFIGHTERS' RETIREMENT SYSTEM

REQUEST & CONSENT TO RECEIVE PAPER PAYSTUB (ADVICE OF PAYMENT)

_____ (please print)
Name of Retiree or Beneficiary receiving payments

I affirm that I am the retiree or the beneficiary in payment status noted above whose signature appears below. I request and consent, with my signed authorization below, to receive paystubs from USBank on behalf of the Charlotte Firefighters' Retirement System in paper form via the US Postal Service at my address on file with the Charlotte Firefighters' Retirement System. This authorization remains in effect until otherwise directed by me.

Date: _____

Retiree/Beneficiary Signature: _____

Please return the completed form to:

Administrator
Charlotte Firefighters' Retirement System
428 East Fourth Street, Suite 205
Charlotte, NC 28202