

Houston Firefighters' Relief & Retirement Fund

**Pension Benefit Deduction Authorization and Cancellation Form**

I, \_\_\_\_\_, Social Security Number \_\_\_\_\_,  
(Please Print Pension Participant's Name)

hereby authorize the Houston Firefighters' Relief & Retirement Fund to start deducting

\$ \_\_\_\_\_ from my monthly pension benefit payment and remit to:  
(amount)

Dennis W. Holder Scholarship Fund,  
c/o HFRRF 4225 Interwood North Parkway, Houston, TX 77032

I understand that I may cancel this authorization at any time, in writing, by submitting a Cancellation Form. I agree not to hold the Houston Firefighters' Relief & Retirement Fund liable for any loss resulting from failure to deduct and/or remit the payment specified. I will pay directly to the Dennis W. Holder Scholarship Fund any monies not withheld from my monthly pension benefit payment. I certify that no portion of this deduction is for any purpose prohibited by City of Houston Legislation.

Pension Participant's Signature: \_\_\_\_\_ Date Signed \_\_\_\_\_

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**(TO BE COMPLETED BY HOUSTON FIREFIGHTERS' RELIEF AND RETIREMENT FUND)**

**Check Appropriate Box(es):**

**DATE**

- Start Amount:        \$ \_\_\_\_\_        \_\_\_\_\_
- Change if new amount: \$ \_\_\_\_\_        \_\_\_\_\_
- Stop Amount:        \$ \_\_\_\_\_        \_\_\_\_\_
- One Time Deduction: \$ \_\_\_\_\_        \_\_\_\_\_
- One Time Refund:    \$ \_\_\_\_\_        \_\_\_\_\_

\_\_\_\_\_  
Benefits Contact Person

\_\_\_\_\_  
Date Prepared

Mail completed form to Houston Firefighters' Relief & Retirement Fund, 4225 Interwood North Parkway, Houston, TX 77032-3866