

FIRE DEPARTMENT PENSION FUND
9 Metro Tech Center, 6th Floor South
Brooklyn, New York 11201
(718) 999-2327

ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION / CHANGE FORM

Personal information to be supplied by pensioner: (please print)

Pension Number: _____ **Social Security Number (last 4 digits):** _____

Date of Birth: _____

Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

BANK INFORMATION TO BE SUPPLIED BY BANK'S ELECTRONIC FUNDS SECTION

Bank Name: _____

Bank Address: _____

Bank City, State, Zip Code: _____

Bank Telephone Number: _____

Type of Account: (check one) **Savings** **Checking**

ROUTING/ABA NUMBER: _____ **ACCOUNT NUMBER:** _____

NOTE: Checking or NOW Accounts must have VOIDED or CANCELLED check attached. Savings Accounts, please verify routing number with bank.

THIS FORM MUST BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC OR COMMISSIONER OF DEEDS

SIGNATURE: _____

State of _____ **County of** _____

On this _____ **day of** _____ **20**_____, personally appeared before me the said _____, to me known to be the individual described in and who executed the foregoing instrument and he/she duly acknowledged to me that he/she executed the same.

Signature of Notary Public or Commissioner of Deeds _____

Official Title _____

Expiration Date of Commission _____

Official Seal

