

**NEW YORK CITY FIRE PENSION FUND**

**One Battery Park Plaza -9th Floor**

**New York, New York 10004-1405**

**(929) 436-0099**

**FOR YOUR SECURITY WE CANNOT PROCESS IF FORM IS FAXED OR EMAILED**

**ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION/CHANGE FORM**

I hereby request and authorize my monthly pension benefits to be sent to me via Electronic Fund Transfer (EFT) as a deposit to my account in the bank designated herein, and authorize such bank to deposit my monthly pension benefits to my account as they are forwarded to it. I authorize and direct the financial institution designated herein to immediately refund any overpayments to the NYC Fire Pension Fund, including all payments made by said Fund on or after the date of my death, and to charge the same to the designated account. The NYC Fire Pension Fund's certification of overpayment shall be sufficient evidence of an overpayment.

If the funds remaining in the account are not sufficient to permit the financial institution to fully refund any overpayments made by the NYC Fire Pension Fund, I authorize and direct the financial institution to provide to the Pension Fund all information related to the designated account, including withdrawals after the first of the month in which my death occurs, the names and addresses of all joint account holders and any individuals authorized to withdraw funds from the designated account, and any change of address made.

**PERSONAL INFORMATION: (Please Print)**

**Pension No.:** \_\_\_\_\_ **Social Security No. (Last 4 Digits):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Home Telephone:** \_\_\_\_\_ **Cell :** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**BANK INFORMATION:**

**Bank Name:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**Type of Account: (Check One)**    **Savings** \_\_\_\_\_    **Checking** \_\_\_\_\_

**ROUTING /ABA No.:** \_\_\_\_\_ **ACCOUNT No.:** \_\_\_\_\_

**Note: Checking or NOW Accounts must have a VOIDED or CANCELLED check attached. Or A Direct Deposit Set-Up From the Bank. Savings Account, please verify routing number with bank.**

**PERSONAL SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

**State of** \_\_\_\_\_ **County of** \_\_\_\_\_

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

**Signature of Notary Public** \_\_\_\_\_

Official Stamp or Seal

**Official Title** \_\_\_\_\_