

PLEASE FILL OUT THIS FORM, HAVE IT NOTARIZED, THEN MAIL OR FAX IT BACK TO:

**FIRE DEPARTMENT PENSION FUND
9 MetroTech Center, Payroll Unit, 6th Floor South
Brooklyn, New York 11201**

(718) 999-2327 / 2328 / 2329 or FAX to (718) 999-2783 (keep copies for your records)

*Please note, this form must be received by the 20th of the month for the change to be done. If the form is received *after* the 20th, the changes will not take effect until the next month.*

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.

If the funds remaining in the account are not sufficient to permit the financial institution to fully refund any overpayments made by the Pension Fund, I authorize and direct the bank 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. 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 _____