NEW YORK CITY FIRE PENSION FUND
One Battery Park Plaza -9th Floor
New York, New York 10004-1405
(929) 436-0099
FOR YOUR OWN SECURITY WE CANNOT PROCESS IF FORM IS FAXED

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. 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 _____ ●fficial Stamp or Seal

Official Title _____

7-29-19