



New York City Police Pension Fund

233 Broadway
New York, NY 10279
(212) 693-5100

Kevin Holloran
Executive Director

Start or Change Direct Deposit/EFT Form Instructions

Direct deposit is convenient, eliminates the possibility of lost or stolen checks and credits your pension to your account on the payment date¹.

Enclosed is the *START or CHANGE Direct Deposit/EFT Form*. Please follow these instructions:

Section 1 - Retiree Information: Enter all information, including a daytime phone number where we can reach you.

Section 2 - Account Information: Provide all information. It is essential that both the ABA/Routing Number of your bank branch and your account number are correct.

On a personal check, the ABA/routing number is the 9-digit number found in the check's lower left corner. Just to the right of the ABA/routing number is your checking account number.

If you are depositing your pension check to a checking account, staple an unsigned check marked VOID to the direct deposit form.

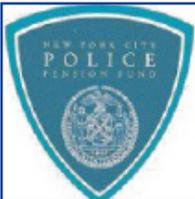
- **Section 3 - Account Authorization:** Read this section carefully, sign your full name at bottom and date your signature.
- **Section 4 - Notarization:** Notarization is required if you mail this form to the NYC Police Pension Fund.

Check the form for accuracy and keep a copy. Mail the **original** form with a **voided check** attached to:

New York City Police Pension Fund
Pension Payroll
233 Broadway
New York, NY 10279-2501

If you have questions, call the Pension Payroll Unit at (212) 693-6888.
If you a replacement form, download it from our website at www.nyc.gov/nycppf.
Click the **Forms** link on the home page and go to Form 110.

¹ Your funds will be normally be deposited to your account on the last day of the month. If the last day of the month falls on a weekend or on a bank holiday, the deposit will appear the next business day.



New York City Police Pension Fund

233 Broadway, 19th floor
New York, NY 10279
212-693-5100
www.nyc.gov/nycppf

Office use only

Time and date

▲ START or CHANGE Direct Deposit/EFT (retirees only)

1) Retiree Information (please print)

Date: ___/___/___ Check if new address

Cell/other phone #: (____) _____ Pension #: _____ SSN, last 4 digits: _____

First name: _____ M.I.: _____ Date of birth: ___/___/___
mm dd yyyy

Last name: _____

Address: _____ Apt./Fl.: _____

City: _____ State: _____ Zip code: _____

2) Account Information (please print)

Request type: New OR Change

Name of financial institution: _____

ABA/Routing # (required for either account type): _____

Checking account #: _____ [Attach unsigned check marked VOID]

OR

Savings account #: _____

3) Account Authorization

[Please read, sign, and date your signature.]

I authorize and direct the financial institution designated herein to immediately refund any overpayments to the New York City Police Pension Fund ("NYCPPF"), including all payments made by the NYCPPF on or after the date of my death, and to charge the same to the designated account. NYCPPF'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 overpayments by the NYCPPF, I authorize and direct the financial institution to provide the NYCPPF 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 changes of address within one year prior to the date of my death.

Retiree signature: _____ Date: ___/___/___

4) Notarization

[If you mail this form to the NYCPPF, it must be notarized.]

State of _____ County of _____

On this ___ day of _____, 20___ before me personally appeared _____, to me known and known to me to be the same person described herein and who executed the foregoing instrument, and (s)he duly acknowledged to me that (s)he executed the same.

Signature of Notary Public: _____

Commission expiration: ___/___/___ State: _____ [Please affix stamp or seal]

Office use only

Processed by: _____ Date: ___/___/___

Withdrawal #: _____ Tax ID #: _____