



# New York City Police Pension Fund

*"Serving the Finest"*

**DO NOT SUBMIT  
THIS FORM IF  
YOU ARE AN  
ACTIVE MEMBER**

Office Use Only

## STOP Electronic Fund Transfer (EFT)

### Member Information:

Please check one:  Member OR  Non-Member

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Tax No.: \_\_\_\_\_ Pension No.: \_\_\_\_\_ SSN, last four: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check here if this is a new address

### Member Election:

I hereby elect to **STOP** Direct Deposit/Electronic Funds Transfer of my monthly pension and I authorize the New York City Police Pension Fund to mail my pension check to the address provided above.

- The Police Pension Fund will send your pension check to the address you provide above.
- **If you will be moving to a new address, provide it in above and check the new address box.**
- All forms submitted to the Fund **MUST BE NOTARIZED** to: NYC Police Pension Fund, 233 Broadway, 25th Floor New York, NY 10279. If you personally deliver this form, NYPD ID will be required.

### Acknowledgement:

I authorize and direct the financial institution designated herein to immediately refund any overpayments to the NYC Police Pension Fund (herein, "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 to 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.

I hereby elect to stop direct deposit/EFT payments and authorize the issuance of paper checks to the mailing address provided above.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Notarization:

Affix notary seal or staff name and signature:

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: \_\_\_\_\_