New York City Police Pension Fund

"Serving the Finest"

Office Use Only

Stop Direct Deposit

Demographics:

Please check **one**: ◯ Retiree ◯ Alternate Payee ◯ Beneficiary

Benefit Type: ☐ Retirement Allowance ☐ VSF

First Name: _____ Middle Initial: ___ Last Name: _____

Tax ID / Pension No.: _____ Contact Phone Number: (_____) _____

Instructions:

This form is for Retirees / APs / Beneficiaries in PAY STATUS

- Print all requested information and answer each section completely.
- Mailed forms must be notarized.
- Use this form to stop direct deposit / electronic funds transfer.
- Non-members should provide their name and Pension Number. If you do not know your Pension Number, please include specific identifying member information.
- **To change your address, do so in webCOPS or with form 500, Change of Contact Information.**

Acknowledgement:

I authorize and direct the financial institution designation herein to immediately refund any overpayments to the New York City Police Pension Fund ("PPF"), including all payments made by the PPF on or after the date of my death, and to charge the same to the designated account. PPF'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 PPF, I authorize and direct the financial institution to provide the PPF with 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 on file with PPF.

Signature: _____ Date: _____

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: _____

Affix notary seal or staff name and signature:

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