New York City Police Pension Fund

"Serving the Finest"

Office Use Only

Start / Change / Cancel MCU Deduction

Demographics:

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

Tax ID: _____ Contact Phone Number: (_____) _____

Instructions:

This form is for Retirees ONLY

- Print all requested information and answer each section completely.
- Mailed forms must be notarized.
- Use this form if you are a retired member to initiate, change, or cancel a Municipal Credit Union ("MCU") deduction from your monthly retirement allowance.
- You MUST have an active MCU account to use this form.

Account Information:

Choose ONE

◯ START the following monthly deduction from my retirement allowance to MCU: $ _____

◯ CHANGE my monthly MCU pension deduction from $ _____ to $ _____

◯ CANCEL my current monthly MCU pension deduction

Acknowledgement:

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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