

Direct Deposit Authorization Form (with Return Address)

1. Participant Identification (Required Fields)

Plan Name _____ Paygroup # _____ XXX - XX -
Social Security Number

Payee Name: _____
Last First MI

Street Address: _____

City: _____ State: _____ Zip: _____

2. Direct Deposit Instructions (Required Fields)

- ADD-deposit my pension plan distribution in the account below
 CHANGE-my existing direct deposit instructions
 CANCEL-existing direct deposit and issue monthly disbursements to the above home address

Bank Name: _____ Name on Account: _____

ABA Routing # _____ Account # _____

- Checking Account ***IF CHECKING-CANCELLED CHECK REQUIRED
 Savings Account

3. Notary Public

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public _____ State of _____

Notary Signature _____ Commission Expires ____/____/____

4. Participant Signature

I acknowledge that the above information is true and accurate.

Retiree Signature _____ Date ____/____/____

Retiree Phone Number _____

Please return this form to:
 Bank of America, Disbursements
 NJ2-140-03-21
 1400 American Blvd.
 Pennington, NJ 08534