



# Authorization Agreement for Direct Deposit of Pension Payments

*Please read the instructions on the other side of this form*

Check here if you are already using direct deposit, and are providing the following information only to change or update your direct deposit.

1. Your Social Security number: \_\_\_\_\_

2. Your full name: \_\_\_\_\_

3. Your home address: Street/PO Box \_\_\_\_\_

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

4. You wish to have pension payments deposited to your (check only one):

Checking Account Account Number: \_\_\_\_\_ Attach a cancelled check to this form.

Savings Account Account Number: \_\_\_\_\_ Attach a deposit slip to this form.

*Direct deposit can only be made to institutions which are inside the United States and registered with the Federal Reserve. The Pension Plan cannot make direct deposits to money market accounts.*

5. Your bank's name: \_\_\_\_\_

Bank Routing Number (call your bank for this number): \_\_\_\_\_

Bank address: Street/PO Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Bank telephone number: \_\_\_\_\_

6. I authorize the New York State Nurses Association Pension Plan to deposit the pension benefit due me under the terms of the New York State Nurses Association Pension Plan to my bank account as indicated above. I also authorize the bank designated above to debit my account in order to refund to the New York State Nurses Association Pension Plan any overpayments. I also authorize the bank to provide current address and/or telephone number information to the New York State Nurses Association Pension Plan.

Your signature: \_\_\_\_\_

Date \_\_\_\_\_ Telephone: \_\_\_\_\_

### For Plan Office Use Only

7. Bank Routing Number: \_\_\_\_\_

8. Converted for: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ payment

9. Processed by: \_\_\_\_\_

Date: \_\_\_\_\_

Updated information:

Bank Name  Bank Address

Account Type  Routing Number

Account Number

Hospital Code: \_\_\_\_\_

## **NYSNA Pension Plan Direct Deposit Program**

Our direct deposit program is fast, safe, and accurate. It's also very convenient because:

- Your payment cannot be lost, stolen, or misplaced.
- There's no need to go to your bank to make a deposit – your payment is automatically deposited for your immediate use.
- If you travel, you don't need to worry about your pension check – your money is safely in the bank.

### **Instructions for Completing Direct Deposit Form**

- Please print or type information.
- Check off the appropriate box for your type of account (checking or savings) and fill in your account number. The NYSNA Pension Plan can only deposit to a checking or savings account (no money market accounts, etc.).
- Fill in your bank's complete name and address. Direct deposit can only be made to institutions which are inside the United States and registered with the Federal Reserve.
- The bank routing number is required for electronic transfer of funds. Call your bank for this nine-digit number, and fill in the appropriate space.
- You must sign and date this form. We will only use your telephone number to call you if we need clarification of the information on this form.
- We will only request updated address and/or telephone number information from your bank if we cannot contact you after retirement and need to provide you with tax or other important information.
- Mail the completed form to: NYSNA Pension Plan, PO Box 12430, Albany, NY 12212-2430.
- Please allow up to 30 days from our receipt of this form for your payments to be directly deposited at your bank.
- Your first pension payment from the NYSNA Pension Plan cannot be directly deposited to your account, but subsequent payments can be.
- If you have any questions, call the Plan Office on weekdays between 8:30 am and 4:30 pm at 877-RN BENEFITS [762-3633] or (800) 342-4324.

**Thank you for electing direct deposit.**