



# New York City Police Pension Fund

233 Broadway, 25<sup>th</sup> Fl.  
New York, NY 10279

## Start or Change Direct Deposit - Instructions

Direct deposit is convenient, eliminates the possibility of lost or stolen checks and credits your pension to your account on the payment date<sup>1</sup>.

Enclosed is the *START or CHANGE Direct Deposit/EFT Form*. Please follow these instructions:

**Section 1 – Retiree/payee Information:** Enter all information, including a daytime phone number where we can reach you.

**Section 2 - Account Information:** Provide all information. It is essential that both the ABA/Routing Number of your bank branch and your account number are correct.

On a personal check, the ABA/routing number is the 9-digit number found in the check's lower left corner. Just to the right of the ABA/routing number is your checking account number.

If you are depositing your pension check to a checking account, staple an unsigned check marked VOID to the direct deposit form.

- **Section 3 - Account Authorization:** Read this section carefully, sign your full name at bottom and date your signature.
- **Section 4 - Notarization:** Notarization is required if you mail this form to the NYC Police Pension Fund.

Check the form for accuracy and keep a copy. Mail the **original** form with a **voided check** attached to:

NYC Police Pension Fund  
233 Broadway, 25<sup>th</sup> fl.  
New York, NY 10279-2501

If you have questions, call the Pension Payroll Unit at (212) 693-6888.

If you need a replacement form, go to our website at [www.nyc.gov/nycppf](http://www.nyc.gov/nycppf); click the **Forms** link and select Form 180.

<sup>1</sup> Your funds will be normally be deposited to your account on the last day of the month. If the last day of the month falls on a weekend or on a bank holiday, the deposit will appear the next business day.



# New York City Police Pension Fund

233 Broadway, 25th fl.  
New York, NY 10279  
212-693-6888  
www.nyc.gov/nycppf

Office use only

**START or CHANGE Direct Deposit**

**Retiree or payee**

Time and date

**1) Retiree/payee information (please print):**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Tax ID #: \_\_\_\_\_ Pension #: \_\_\_\_\_ SSN, last 4 digits: \_\_\_\_\_

First name: \_\_\_\_\_ M.I.: \_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

Last name: \_\_\_\_\_ Cell/daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Fl.: \_\_\_\_\_  Check if new address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**2) Account information (please print):**

Request type: New  OR Change

Name of financial institution: \_\_\_\_\_

ABA/Routing # (required for either account type): \_\_\_\_\_

Checking account #: \_\_\_\_\_ [Attach unsigned check marked VOID]

OR

Savings account #: \_\_\_\_\_

**3) Account authorization:**

[Please read; sign and date your signature.]

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

Retiree signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notarization**

[If this form is mailed to the NYCPPF, it must be notarized.]

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: \_\_\_\_\_ [Please affix stamp or seal]

**Office use only**

Processed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Withdrawal #: \_\_\_\_\_ Tax ID #: \_\_\_\_\_