

FIRE DEPARTMENT PENSION FUND

9 Metro Tech Center, 6th Floor
Brooklyn, New York 11201
(718) 999-2327

ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION / CHANGE FORM

Personal information to be supplied by pensioner: (please print)

Pension Number: _____ Social Security Number (last 4 digits): _____

Date of Birth: _____

Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

BANK INFORMATION TO BE SUPPLIED BY BANK'S ELECTRONIC FUNDS SECTION

Bank Name: _____

Bank Address: _____

Bank City, State, Zip Code: _____

Bank Telephone Number: _____

Type of Account: (check one) Savings Checking

ROUTING/ABA NUMBER: _____ ACCOUNT NUMBER: _____

NOTE: Checking or NOW Accounts must have VOIDED or CANCELED check attached. Savings Accounts must have STATEMENT copy attached.

THIS FORM MUST BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC OR COMMISSIONER OF DEEDS

State of _____ County of _____

On this _____ day of _____ 20_____, personally appeared before me the said _____, to me known to be the individual described in and who executed the foregoing instrument and he/she duly acknowledged to me that he/she executed the same.

Signature of Notary Public or
Commissioner of Deeds _____

Official Title _____

Expiration Date of Commission _____

Official Seal

