



1199SEIU Pension Funds

330 West 42nd Street • New York, NY 10036-6977 • www.1199SEIUBenefits.org • Tel (646) 473-8666
Outside NYC Area Codes: (800) 892-2557 • Westchester & Upstate Counties: (877) 557-1199

Direct Electronic Deposit Authorization

(A minimum of four (4) weeks to put into effect)

Print clearly in black or blue ink.

Full Name: _____

Member ID or Social Security #: _____ Telephone: (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Beneficiary Social Security # (if applicable): _____ - _____ - _____

Election: You must sign and date this form to make any change (choose one)

- New Pension Direct Deposit
- Bank by Mail (For banks in foreign countries or banks that do not accept direct deposit. We will mail the check directly to your financial institution, because we cannot send it electronically.)
- Change from my current financial institution to the financial institution listed below
- I am staying with my financial institution, but my account information has changed
- Cancel Direct Deposit and send my checks to my home address listed above

<p>Check the box for your Pension Fund:</p> <p><input type="checkbox"/> Health Care Employees</p> <p><input type="checkbox"/> Greater New York</p> <p><input type="checkbox"/> Home Care</p>
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Fill out this section or change your direct deposit. If you are canceling your direct deposit, leave this section blank.

Type of Account: Savings Checking Effective Date: _____

Name of Institution: _____

Address of Institution: _____

City: _____ State: _____ Zip Code: _____

Routing # (9 digits): _____ Account #: _____

Financial Institution Authorizing Signature **X** _____

Financial Institution Stamp Below

Note: Checking accounts require a voided check with the account holder's name pre-printed on the check, or a stamp from the financial institution on this form, or a signed letter from the financial institution on company letterhead confirming the account holder, routing number and account number.

Savings accounts require a stamp from the financial institution on this form or a signed letter from the financial institution on company letterhead confirming the account holder, routing number and account number.

Until further written notice from me, I hereby authorize the "1199SEIU Health Care Employees Pension Fund" or "1199SEIU Greater New York Pension Fund" or "1199SEIU Home Care Employees Pension Fund" (a) to deposit my pension amount in my account, chosen above, and (b) to make adjustments and have my account charged for any erroneous credits or other amounts to which I am not entitled.

I further understand that should I choose or change this account I must give a new completed form to the Pension Department at least one month before the pension direct deposit is to be terminated. I understand that this is a completely voluntary service provided by the Pension Fund for my convenience and that it can be terminated by the Pension Fund or by me at any time. Because the wrong number can lead to my pension being sent to the wrong person's account, I have taken great care to make sure that the Account #, Account Type and Bank Routing # are correct.

Pensioner's Signature **X** _____ Date: _____