



New Jersey Pension Fund

9-25 Alling Street, Newark, N.J. 07102
Tel: 973-242-7505 - Fax: 973-242-1037
Pressy Lavrador, Director

ORIGINAL FORM MUST BE MAILED FAXED COPIES WILL NOT BE ACCEPTED DIRECT DEPOSIT AUTHORIZATION

MEMBER NAME _____ SS# _____

(If you are a Beneficiary) NAME _____ SS# _____

Mailing Address _____ Apt.# _____

City _____ State _____ Zip Code _____ Phone # _____

Select one: New Direct Deposit - Bank Information change
 Cancel Direct Deposit and mail check to above address

Bank Stamp

Check the appropriate type of account:

Checking Account Savings Account Effective Date: _____

Bank Name: _____ Address: _____

City _____ State _____ Zip Code _____ Phone # _____

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

Signatures Only Required if VOIDED Check isn't attached.

Authorized Bank Representative: _____ Signature _____

Please Note: Checking Accounts require a voided check with the account holder's name pre-printed on the check or a letter from the financial institution as confirmation for account holders, routing number and account number.

Savings Accounts require a letter confirming account holders, routing number, and account number on bank letterhead or a Bank Stamp or Seal above.

Additional names on account: _____

I do hereby authorize and direct the "District 1199J Pension Fund" to electronically deposit my pension amount directly into my account each month. If monies for which I am not entitled are deposited to my account, I authorize "District 1199J Pension Fund" to direct the Bank to return the said funds. The undersigned hereby requests and authorizes the entire amount of my pension amount each pay period to be deposited directly into the bank account named above.

I further understand that if I change or close this account; I must complete a new form at least one month before pension direct deposit is terminated or changed. 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. I have taken great care to make sure that the Account Number, Account Type, and Bank Routing numbers are correct.

x _____

x _____

Member Signature

Date

For Office Use Only.

THIS COPY IS TO INFORM YOU THAT WE RECEIVED THIS CHANGE ON _____

THIS REQUEST WILL TAKE EFFECT ON: _____