



# New York City Police Pension Fund

233 Broadway, 19th floor  
New York, NY 10279  
212-693-5100  
www.nyc.gov/nycppf

Office use only

## STOP Direct Deposit (Electronic Funds Transfer)

Time and date

I hereby elect to STOP direct deposit (electronic funds transfer) of my monthly pension. Instead, I direct NYCPPF to mail my pension check to the address indicated in *Member Information* below.

Member signature: \_\_\_\_\_ Date:      /      /       
mm dd yyyy

After direct deposit cancellation, the NYC Police Pension Fund (NYCPPF) will send your monthly pension check to you at **the address you provide in Member Information**, below. If you recently moved, or plan to move, to a new permanent address, **provide the new address and check the new address box**. If you have any questions, call the Pension Payroll Unit at (212) 693-6888.

### Member Information (please print)

This is a new address

Daytime phone: (      ) \_\_\_\_\_ Pension #: \_\_\_\_\_ SSN, last 4 digits: \_\_\_\_\_

First name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last name: \_\_\_\_\_

In care of (if applicable): \_\_\_\_\_

Permanent address: \_\_\_\_\_ Apt./Fl.: \_\_\_\_\_

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

### Account Authorization

**If you return this form by mail, you must notarize it.** Mail it to:  
NYC Police Pension Fund, Pension Payroll, 233 Broadway, New York, NY 10279.

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

Member signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Notarization

[Notarization is required if you mail this form to the NYCPPF]

Before me, the undersigned authority, on this day personally appeared  
(print full name) \_\_\_\_\_, known to me  
to be the person whose name is signed above, and who, upon his or her oath, acknowledges  
to me that he or she executes this instrument for the purposes herein expressed.

Sworn and executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Notary Public or Commissioner of Deeds:

\_\_\_\_\_  
Commission expir. date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Registration #: \_\_\_\_\_ Qualified county: \_\_\_\_\_ Or affix stamp or seal if available

### Office use only

Completed by (last name): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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