Electronic Direct Deposit Authorization

Member's full name: _____

Member's telephone #: (_____)_____ Email Address: _____

Member's address: _____
                         Street   Apt #   City   State   Zip Code

Election of Direct Deposit (choose one):

☐ New pension direct deposit

☐ I am changing my current financial institution to the financial institution listed below.

☐ I am staying with my financial institution, but my account information has changed (see below).

☐ Cancel my direct deposit and send my checks to my home address listed above.

_____

Fill out this section if you are signing up for direct deposit or if you are changing your direct deposit.

If you are canceling your direct deposit, leave this section blank.

Type of account (**choose one**): ☐ **Savings** – Please include signed letter from financial institution on company letterhead confirming Account holder, routing number and account number.

☐ **Checking** – Please include voided check or signed letter from financial institution on company letterhead confirming account holder, routing number and account number.

ATTACH VOIDED CHECK HERE

RETURN TO:
1199 NEW ENGLAND PENSION FUND
77 HUYSHOPE AVE, FLOOR 2
HARTFORD, CT 06106-7001

Email: pension@1199nefunds.org   Fax: 860-728-7305

Until further written notice from me, I hereby authorize the "New England Health Care Employees Pension Fund" to:
(a) Deposit my pension amount in my account, indicated above; and (b) 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 to sign up for direct deposit or change my existing account, I must submit a new completed form to the Pension Fund *at least one month before my account is closed*. 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 ensure, to the best of my knowledge, that my account type, account number and routing number are all correct.

_____

X Member's signature   Date