

# Electronic Direct Deposit Authorization

**Please print clearly in black or blue ink. Remember to sign and date this form or it will not be valid.**

Member's full name: \_\_\_\_\_ SSN (last 4): \_\_\_\_\_

Member's telephone #: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

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

☐ This is a new address. Effective date of move: \_\_\_\_\_

## **Election of Direct Deposit (choose one):**

- ☐ New pension direct deposit
- ☐ I am changing my current financial institution to the financial institution attached below.
- ☐ I am staying with my financial institution, but my account information has changed (see below).
- ☐ Cancel my direct deposit and send 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.

**Conservator or Power of Attorney Signatures require submission of the respective documents with this request.**

X **Retiree's signature**

**Date**