Direct Deposit Form

Nam	ne:	Payroll Number:			
Email: Home Number:		SSN (Last 4 digits) or TIN # for estate: Cell Number:			
	I authorize and direct BNYMellon to deposit future transfer to my account at the above noted financial			due using elect	ronic funds
	I agree and acknowledge the following:				
	 Any payments made after my death, or payments of the above-captioned pension plays. To ensure this change will occur in the curther month. If not received by the 10th of month. 	an and must be ret crent month, the fo	urned to the plan. orm must be receive irect Deposit chan	ed by HFRRF	by the 10 th of
te of _		County of			
own to 1 lared th	e, the undersigned notary public, on this day personal me to be the person whose name is subscribed to the hat the statements therein contained are true and correler my hand and seal of office thisday of	foregoing docume ect.	nt and, being by m	e first duly sw	orn,
nature		My Commission Expires			