

American Federation of Musicians and Employers' Pension Fund P.O. Box 2673, New York, NY 10117-0262

Direct Deposit Authorization Form

Please review the instructions and checklist on page 2 before sending the form to the Fund Office.

Section 1 -	- Your Personal Information		
Your Name ((Print):	Pension ID:	
Social Securi	ity #:	Phone Number: []	
Mailing Addre	ess:		
Email Addres	 ss:		
Section 2 -	- Checking or Savings Account Ir	<u>nformation</u>	
a checking		or direct deposit to an estate or trust, a company/corporate account, nother person or entity. The account must be in the name of the	or
Check One:	☐ New Direct Deposit Request	☐ Change Existing Direct Deposit (Enter New Account Details Below)	
Name of Ban	nk/Financial Institution:		
Account Type	e: Checking – A voided check for t returned with this form.	this account with your name pre-printed on it or a bank statement must be	
	☐ Savings – A savings deposit slip this form.	p with your name pre-printed on it or bank statement must be included with	
Enter Routing If you chose a	g Number: a checking account, this is the series of	of 9 numbers (not starting with 5) in the lower left corner of your check.	
Enter Accour	nt Number: a checking account, this is the series of	of numbers located right after the routing number on your check.	
Section 3 -	- Cancel Direct Deposit Authoriza	ation_	
☐ Cancel –	Please cancel my Direct Deposit Aut	thorization and resume paper checks effective immediately.	
Mail checks	to: The mailing address listed abov	ve.	
	☐ Enter New Address:		-
Section 4	- Authorization and Signature		
By signing belo deposit (credit) return said fund	low, I authorize The American Federation of t) entries. If funds to which I am not entitled a nds (debit). I understand that my bank must	of Musicians and Employers' Pension Fund (AFMEPF) and/or its representative to initiate d are deposited to my account, I authorize AFMEPF and/or its representative to direct the bar to be a member of the Automated Clearing House (ACH) in order for my net pay to be proces to notified if there is a problem with my ACH account transaction during pre-notification.	nk to
	ation is to remain in effect until it is changed as noted in the instructions for the processin	d or canceled by me via the Direct Deposit Authorization form. I understand that I must a ing of such changes or cancellation.	llow
Your Signatur	re:	Date:	
This form is av	vailable on the Fund's website at www.afm-e	epf.org in the Participants section under Applications and Forms.	

Direct Deposit Authorization Instructions

The Fund cannot accept an authorization for direct deposit to:

- an estate or trust, or
- a checking or savings account owned by another person or entity. The account must be in the name of the pensioner or beneficiary receiving benefits.

Your bank must be a member of the Automated Clearing House (ACH) for a direct deposit to be made by Electronic Funds Transfer (EFT).

If you are requesting direct deposit you must include:

- <u>Checking account</u> a voided check (that has your name pre-printed on the check) or a bank statement with your completed form. A deposit slip cannot be accepted.
- <u>Savings account</u> a deposit slip or a bank statement confirming your name on the account, and your account and routing numbers.

Bank pre-notification process. This means your routing number and bank account information are validated by the Fund's bank with your bank before direct deposit can begin. *It can take as long as 6 weeks for a direct deposit to take effect*. Retain a copy of the form for your records. The Fund Office will acknowledge receipt of your Direct Deposit Authorization Form shortly after it is received.

Send the completed form to the Fund Office:

By Email: PensionSupport@afmepf.org

BY MAIL: AFMEPF, P.O. Box 2673, New York, NY 10117-0262

BY FAX: 1-212-284-1298

Can we help you? Call us at 1-212-284-1200 and select option 2 for the Pension Department.

Checklist	– In each of the sections you are completing have you:
Section 1	- Your Personal Information:
	entered all of the information?
Section 2	- Checking or Savings Account Information:
	checked one of the boxes to indicate whether this is a new request or a change to an existing
	direct deposit authorization?
	printed the name of your bank or financial institution?
	checked the account type? Please remember to attach a voided check to the form if you are
	authorizing a direct deposit to your checking account or a deposit slip or statement from your
	bank for savings accounts.
	entered the routing number and account number?
Section 3	- Cancel Direct Deposit Authorization:
	checked the box to indicate that you are cancelling direct deposit to the account you previously
	authorized?
	checked one of the boxes authorizing benefits checks to be sent to your mailing address or a
	different address?
Section 4	Authorization and Signature:
	signed and dated the form?