



New York City Police Pension Fund

233 Broadway, 25th fl.
New York, NY 10279
212-693-6888
www.nyc.gov/nycppf

Office use only

STOP Direct Deposit

Retiree or payee

Time and date

I hereby elect to STOP Direct Deposit/Electronic Funds Transfer of my monthly pension, and I authorize the NYCPPF to mail my pension check to the address provided in Section 1 below.

Retiree signature: _____ Date: ____/____/____

The NYC Police Pension Fund (NYCPPF) will send your pension check to the address you provide in Section 1. If you will be moving to a new address, provide it in Section 1, and check the new address box.

If you mail this form to NYCPPF, it must be notarized. Mail to: NYC Police Pension Fund, 233 Broadway, 25th fl., New York, NY 10279-2501. If you personally deliver this form, NYPD ID will be required. Questions? Call Pension Payroll at (212) 693-6888.

1) Address for pension check:

Check here if new address.

Tax ID #: _____ Pension #: _____ SSN, last 4 digits: _____

First name: _____ MI: ____ Last name: _____

In care of (if applicable): _____

Permanent address: _____ Apt.: _____

City: _____ State: _____ Zip code: _____

2) Account authorization:

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

[If this form is mailed to the NYCPPF, it must be notarized.]

State of _____ County of _____

On this ____ day of _____, 20 ____ before me personally appeared _____

to me known and known to me to be the same person described herein and who executed the foregoing instrument, and (s)he duly acknowledged to me that (s)he executed the same.

Signature of Notary Public: _____ [Please affix stamp or seal]

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Processed by: _____ Date: ____/____/____

Withdrawal #: _____ Tax ID #: _____