

National Retirement Fund

333 Westchester Avenue Suite N101  
White Plains, New York 10604-2910

Phone: 914-367-5800  
Fax: 914-367-4103

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I hereby authorize the National Retirement Fund, to initiate credit entries to my Checking or Savings account indicated at the depository financial institution named below, and to credit the same to such account. If you are receiving more than one monthly check, the bank information that you provide herein will be applied to all monthly benefits that you are receiving, unless you notify our office in writing indicating otherwise.

**You must select one**

**Checking or Savings account\***

**\*(Note if this is a Savings Account, please provide the correct information instead of a check)**

BANK NAME: \_\_\_\_\_ BRANCH #: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ROUTING # (MUST BE 9 DIGITS): \_\_\_\_\_ BANK ACCOUNT #: \_\_\_\_\_

YOU MUST PROVIDE A COPY OF A **VOIDED CHECK** if your selection is **Checking Account**

This Authorization is to remain in full force and effect until the Fund has received written notification from me of its termination in such time and in such manner as to afford the Fund and depository a reasonable opportunity to act on it.

YOUR NAME: \_\_\_\_\_

MEMBER ID: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

CURRENT HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.