

Retiree Help Line 1-800-418-0273

Name (REQUIRED): SSN (REQUIRED):

BNY Mellon Acct Number (s) (REQUIRED):

Day Phone Evening Phone

DIRECT DEPOSIT REQUEST

New

Change

Bank Name

Bank Street

Bank City, State and Zip Code

Bank Routing Number

Bank Checking Account Number

OR

Bank Savings Account Number

Check here if you wish to STOP your direct deposit

ALL REQUIRED FIELDS MUST BE COMPLETED - ANY INCOMPLETE FIELDS MAY CAUSE THE FORM TO BE RETURNED.

Acknowledgement and Agreement

I authorize and direct BNYMellon to deposit future pension payments as they come due using electronic funds transfer to my account at the above noted financial institution.

I agree and acknowledge the following:

1. Any payments made after my death, or paid in error while alive, are trust funds to be held in trust, for the benefit of the above- captioned pension plan and must be returned to the plan.
2. I must notify my former employer or BNYMellon of any change in the above account information.
3. I may revoke or modify these instructions in writing at any time, to be effective upon receipt of the same by BNYMellon.

Signature

(Signature required for processing.)

Date

BNY Mellon, Pension Input Processing, PO Box 569

Pittsburgh, PA 15230

FAX (877) 358-9729

Internal Use Only: