



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 Security #: \_\_\_\_\_ Phone Number: [       ] \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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### **Section 2 – Checking or Savings Account Information**

**The Fund cannot accept an authorization for direct deposit to an estate or trust, a company/corporate account, or a checking or savings account owned by another person or entity. The account must be in the name of the actual pensioner or beneficiary.**

**Check One:**     **New Direct Deposit Request**         **Change Existing Direct Deposit (Enter New Account Details Below)**

Name of Bank/Financial Institution: \_\_\_\_\_

Account Type:  **Checking – A voided check for this account must be returned with this form.**

**Savings – A savings deposit slip or bank statement must be included with this form.**

Enter Routing Number: \_\_\_\_\_

If you chose a checking account, this is the series of 9 numbers (not starting with 5) in the lower left corner of your check.

Enter Account Number: \_\_\_\_\_

If you chose a checking account, this is the series of numbers located right after the routing number on your check.

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### **Section 3 – Cancel Direct Deposit Authorization**

**Cancel – Please cancel my Direct Deposit Authorization and resume paper checks effective immediately.**

**Mail checks to:**  The mailing address listed above.

Enter New Address: \_\_\_\_\_  
\_\_\_\_\_

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### **Section 4 - Authorization**

*By signing below, I authorize The American Federation of Musicians and Employers' Pension Fund (AFMEPF) and/or its representative to initiate direct deposit (credit) entries. If funds to which I am not entitled are deposited to my account, I authorize AFMEPF and/or its representative to direct the bank to return said funds (debit). I understand that my bank must be a member of the Automated Clearing House (ACH) in order for my net pay to be processed via Electronic Funds Transfer (EFT). I understand I will be notified if there is a problem with my ACH account transaction during pre-notification.*

This authorization is to remain in effect until it is changed or canceled by me via the Direct Deposit Authorization form. I understand that I must allow sufficient time as noted in the instructions for the processing of such changes or cancellation.

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **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 actual pensioner or beneficiary.

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 want the direct deposit to be made to your checking account, you must include a voided check (that has your name printed on the check) with your completed form. A deposit slip cannot be accepted.

Direct deposits to savings account require a deposit slip or a bank statement from your account confirming the name on the account, and your account and routing numbers.

The account(s) named in a new direct deposit authorization must go through a pre-notification process. This means that your routing number and bank account information must be 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 this 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 MAIL:** AFMEPF, P.O. Box 2673, New York, NY 10117-0262

**BY FAX:** 1-212-284-1298

The Direct Deposit Authorization form is available at [www.afm-epf.org](http://www.afm-epf.org) in the Participants section under Applications and Forms.

### **Checklist - Have you:**

#### **Section 1:**

entered all of the information?

#### **Section 2:**

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:**

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:**

signed and dated the form?