

Retiree Help Line 1-800-418-0273

Name (REQUIRED): SSN (REQUIRED):

BNY Mellon Acct Number (s) (REQUIRED):

Day Phone Evening Phone

DIRECT DEPOSIT REQUEST

Bank Name

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 BNY Mellon 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 BNY Mellon 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

Benefit Disbursements - BNYM, P O Box 360534, Pittsburgh, PA 15251-6534



DDCSPBN

FAX (877) 358-9729

bdpensionphone@bnymellon.com

Internal Use Only: