



**ELECTRONIC FUNDS TRANSFER AGREEMENT**

Return to: Metropolitan Transportation Authority  
Attn: Consolidated Pensions – MTA DBPP  
2 Broadway – 10<sup>th</sup> Floor  
New York, NY 10004

FAX# : 646-252-1490

I am a participant in the MTA Defined Benefit Pension Plan, and as such, am entitled to receive payments from JPMorgan Chase Bank, N.A. as Trustee, Custodian and/or Paying Agent for said Plan.

I hereby request that all retirement benefits due to me under the Plan, be sent directly to the financial institution named below for credit to my account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law and the National Automated Clearing House Association rules. If any payments are made to my account in error, I authorize JPMorgan Chase Bank, N.A. to initiate debit transactions to my account to correct the error. Further, if JPMorgan Chase Bank, N.A. should make a payment by electronic funds transfer (or check) subsequent to my death, I hereby agree, on behalf of my executors and administrators, that my estate will refund any such amount to JPMorgan Chase Bank, N.A. I hereby authorize and direct the financial institution named below, promptly upon demand of JPMorgan Chase Bank, N.A., to return such payment to JPMorgan Chase Bank, N.A., and in the event such payment shall have been credited to my account, to charge said account and refund such payment to JPMorgan Chase Bank, N.A.

This authority will remain in full force until JPMorgan Chase Bank, N.A. has received written notification from me of its termination in such time and in such manner as to afford JPMorgan Chase Bank, N.A. a reasonable opportunity to act upon it.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**To be completed by Participant.** (for checking please print or type all information and attach a voided check.)

Account Holder Name: \_\_\_\_\_ Home Tel. No. \_\_\_\_\_

Social Security Number (Last 4 digits): XXX - XX - BSC ID: \_\_\_\_\_

ABA Routing/Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type:  Checking  Savings

**Please have the following COMPLETED BY YOUR FINANCIAL INSTITUTION: (must be completed for Savings and Checking if you do not have a voided check )**

We acknowledge the direction in the above and hereby undertake to comply with it.

Financial Institution Name: \_\_\_\_\_

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

Customer Name: \_\_\_\_\_

ABA Routing/Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type:  Checking  Savings

\_\_\_\_\_  
Signature of Authorized Official / Date

**PLEASE KEEP A COPY FOR YOUR RECORDS**

**IF POSSIBLE PLEASE DO NOT CLOSE YOUR OLD ACCOUNT UNTIL PAYMENT HAS BEEN DEPOSITED IN YOUR NEW ACCOUNT. ACCOUNT UPDATE MAY TAKE 1 TO 2 PAYROLL CYCLES.**