EFT / DIRECT DEPOSIT CANCELLATION REQUEST FORM



(NOTE: Please print in black or blue ink, and initial any changes that you make on this form.)

PART A: All information must be provided below.

First Name	MI Last Name		Social Security Number
Permanent Home Addres	SS	Apt. No.	TRS Retirement/Beneficiary Number
City	State Zip Code		Daytime Phone Number (Check one: Home Work)
n the space below, please indicate a ffective date of the changes:	any recent or upcoming changes to y	our permanent a	address (and/or phone number), as well as the

Any address that you enter above will be considered your permanent address, and TRS' database will be updated accordingly. Therefore, do not indicate a temporary address above; instead, TRS suggests that you consult the U.S. Postal Service about having your mail forwarded on a temporary basis.

- Please complete this form if you would like to cancel the Electronic Fund Transfer (EFT) or Direct Deposit of one or both of the following: a) your monthly retirement allowance under the Qualified Pension Plan (QPP); or b) your monthly annuity payments from the Tax-Deferred Annuity (TDA) Program.
- Upon TRS' receipt of this form, your EFT or Direct Deposit will be cancelled. The cancellation should take effect on the first payroll that occurs 15-45 days after TRS receives this form. You would then receive paper checks each month for your retirement allowance and/or TDA annuity at the address you designated.
- Please note that TRS no longer permits members to enroll in the Direct Deposit system. Therefore, you may not reinstate your Direct Deposit after filing this form; however, you may elect EFT for future payments.
- You may reinstate your EFT (or initiate EFT in place of Direct Deposit) after this form takes effect by filing an "EFT Authorization Form" with TRS. Your EFT should begin 15-45 days after TRS' receipt of your "EFT Authorization Form," provided you completed the form correctly. The "EFT Authorization Form" is available by calling TRS' Member Services Center at 1 (888) 8-NYC-TRS and selecting Option 1: the TRS Service Line menu. You may also order forms by using the "Brochures/Forms" feature on our website at www.trs.nyc.ny.us.
- If you have any questions, please contact TRS at the number above.

CONTINUED FROM FRONT

Address				
City	State	Zip Code _		
Please check the type(s) of particle for each one that you check.	ayment for which you would like t	o cancel your EFT/Dire	ect Deposit, and write you	ur initials in the space provided
QPP retirement allow	vance			
Bank Account Numb	er IIIIIIII	(Please check one)	Savings Account	☐ Checking Account
TDA annuity paymer	nt			
Bank Account Numb	er	(Please check one)	Savings Account	Checking Account
PART C: Please read the fol	lowing statement and sign and da	ate this form.		
I elect to cancel the EET or D	irect Denosit of my monthly retire	ment allowance and/oi	r TD∆ annuity navmente t	
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BK19 (6/05) PAGE 2