

## Direct Deposit Authorization Form

Complete this form if you wish to elect or change direct deposit of your monthly pension benefit.

- Be sure to include a voided check or a savings deposit slip.

By signing this form, you authorize The Church Pension Fund to pay your monthly pension by direct deposit to the institution listed below.

- This authorization will remain in effect until you change or cancel it in writing.

You may wish to contact your financial institution directly to verify the information below. Please note that it may take up to 45 days to process your authorization request. If you do not complete all of the requested information, or if you provide inaccurate information, your request may be further delayed.

Legal Name

First  MI  Last

Mailing Address

Street

City  State  Zip  Country

Home Phone  Mobile Phone

Social Security Number/Tax ID Number

### Financial Institution Information for Direct Deposit of Monthly Pension Benefit (please print)

Account Type  Checking  Savings  Other

Name of Financial Institution

Street Address

City  State  Zip

Telephone

Financial Institution's ABA Routing Number

Account Number

Signature  Date

Signature of Joint Account Holder:  Date

[Submit the completed and signed form:](#)

**Online:** Go to [CPG.org](http://CPG.org), sign in, and click Document Upload in the Resources section

**Email:** [benefits@cpg.org](mailto:benefits@cpg.org)

**Mail:** The Church Pension Fund, 19 East 34th Street, New York, NY 10016, Attn: Client Services

If you have any questions, call us at (866) 802-6333, Monday – Friday, 8:30AM – 8:00PM ET (excluding holidays).