

Holyoke Hospital

PENCHECKS
Retiree Services

DIRECT DEPOSIT OF PENSION CHECK

NAME: _____ **SS#:** _____

I hereby request all payments from the Holyoke Hospital Pension Plan be deposited into my account listed below until such time as this authorization is revoked in writing.

YOUR PERSONAL BANKING DATA:

FINANCIAL INSTITUTION: _____

ADDRESS: _____

CHECK ONE ONLY: **Checking Account** _____ **Savings Account** _____

BANK ROUTING NUMBER:

--	--	--	--	--	--	--	--	--	--	--

Must be 9 Digits

PAYEE ACCOUNT NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OR

ATTACH VOIDED CHECK HERE

DATE _____ **SIGNATURE** _____

NOTE: Any banking arrangement change is not immediate – it can take up to six weeks to go into effect. Please bear that in mind when requesting a change be made.