DIRECT DEPOSIT FORM

For the NewsGuild of New York – Consumer Reports Pension Plan

You can arrange to have your monthly benefit check forwarded electronically to your bank and deposited to your checking or savings account. This service is being provided at no charge to you. If you desire to have such an arrangement, please complete this form by **printing** all requested information. IF POSSIBLE, IT IS PREFERABLE TO SIMPLY ATTACH A VOIDED BLANK CHECK TO THE LOWER PORTION OF THIS FORM, PROVIDED IT BEARS THE MAGNETIC NUMBERS ALONG THE BOTTOM, AND THE BANK'S COMPLETE ADDRESS. **Please print all information and then sign and date the form where indicated.**

_____ (Print Your Name)

_____ (Social Security Number)

_____ (Area Code & Phone Number)

_____ (Street Address –1)

_____ (Street Address – 2)

_____ (City, State, Zip Code)

_____ (Name of Bank)

_____ (Account Number)

_____ (Address of Bank - Street)

Account Type: _____ Checking
(Check One Only)
_____ Savings

_____ (Address of Bank – City, State, Zip)

_____ (Bank's Transit Routing Number)

_____ (Signature)

_____ (Date)

Return this completed form to:

I.E. Shaffer & Co.
Attn: Payment Department
P.O. Box 1028
Trenton, NJ 08628-0230