

DIRECT DEPOSIT FORM

For the NewsGuild of New York - Publishers Pension Fund

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)	(Street Address -1)
_____	_____
(Social Security Number)	(Street Address - 2)
_____	_____
(Area Code & Phone Number)	(City, State, Zip Code)

_____	_____
(Name of Bank)	(Account Number)
_____	Account Type: _____ Checking
(Address of Bank - Street)	(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**