Prudential Financial

Request for Direct Deposit

CITY OF TALLAHASSEE MAP PLAN

Instructions

Please print using blue or black ink. Send completed form to the following address or fax it to 1-570-340-4328. If faxing, please keep original for your records.

Prudential Retirement
PO Box 5410
Scranton PA 18505-5410

Questions?
Call 1-800-833-5761
for assistance.

About You

Plan number
0 0 6 9 1 8

Social Security number
___ - ___ - ____

First name | MI | Last name

Address

City | State | ZIP code

Daytime telephone number
___ ___ - ____
area code

Direct Deposit Information

Financial Institution name

Address

City | State | ZIP code

Telephone number
___ ___ - ____
area code

Bank's Routing/Transit/ABA Number
(Attach a voided check or obtain this number from your bank)

Account Number
(Please verify the entire account number with your bank to ensure acceptance of payments)

Type of account: ☐ Checking ☐ Savings

Your Authorization

As a participant under the plan, I hereby authorize Prudential Retirement to make all of my installment retirement plan payments to the bank account I listed above in the form of direct deposit via electronic fund transfer (EFT).

Please note that an electronic fund transfer (EFT) is only available for installment payments. If this form is included with an election other than the installment option, a check will be issued by Prudential Retirement and will be mailed, not electronically transferred, to the financial institution you referenced in the Direct Deposit Information section.

In the event that an overpayment is credited to my bank account during or after my lifetime, I hereby authorize and direct the bank designated above to debit my account and refund any overpayment to Prudential. This authorization will remain in effect until Prudential receives a written notice from me stating otherwise and until Prudential has had a reasonable chance to act upon it.

If I am unable to complete this form, a duly appointed representative (guardian or attorney-in-fact) may arrange for my retirement plan checks to be deposited directly into my bank account by completing and signing the form as an authorized representative. The authorized representative must provide Prudential with a copy of the document granting the specific authority to act in this capacity.

Signature X _____ *Date* ____