



Long Island Rail Road

Pension Office
Jamaica Station – #1955
Jamaica, NY 11435
(718) 558-8130

DIRECT DEPOSIT AGREEMENT

Long Island Rail Road Company Pension Plans

(for Employees Hired Prior to January 1, 1988)

Participants please fill in this area. Forward to the address listed above.

Name (Last, First, Initial)										Retirement Date:									
Social Security Number:										Type of Account (circle one):									
										Checking					Savings				
Account #										Transit/ABA #									
<p>I am a participant under a retirement plan (the "Plan") administered by The Long Island Rail Road Company (the "Company") and as such I am entitled to monthly payments from The Chase Manhattan Bank, N.A., 3 Chase Metrotech Center, Brooklyn, New York, 11245, as trustee under such plan ("Chase"). I hereby request that all payments due to me under the Plan will be sent directly to the financial institution named below for credit to my account (account number and type listed above).</p> <p>If any payments are made to my account in error, I authorize Chase to initiate debit transactions to my account to correct the error. Further, if Chase should make a payment by electronic funds transfer subsequent to my death or by check dated subsequent to my death, I hereby agree, on behalf of my executors and administrators, that my estate will refund any such amount to Chase. I hereby authorize and direct the financial institution named below, promptly upon demand of Chase to return such payment to Chase, and in the event such payment shall have been credited to my account to charge said account and refund such payment to Chase.</p> <p>This authority is to remain in full force and effect until Chase has received written notification from me of its termination in such time and in such manner as to afford Chase a reasonable opportunity to act on it.</p>																			
Signature of Requesting Participant/Retiree															Date				

DIRECT DEPOSIT CANCELLATION	
Please cancel the previously authorized Direct Deposit effective as of:	
Name:	Signature:

To be completed by your Financial Institution if directing funds into a savings or checking account without a voided check or deposit slip attached. The above pensioner's name must appear on the account.		
We acknowledge the direction in the above and hereby undertake to comply with it.		
Name & Address of Financial Institution:	Telephone Number:	Date:
		Signature of Authorized Official of Financial Institution:
(Chase Use Only) 2/ 2/ /		

