



Your personal information	
Name (first, middle, last)	Last 4 digits of SSN

Account information
Name of financial institution
Routing number (9-digit number)
Your bank account number
Account type: <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account
The Direct Deposit form must be received by the Board of Pensions no later than the 10th of the month to be effective the first of the following month. Please note that your initial benefit payment will be in the form of a check.

Authorization	
<p>On behalf of myself, my legal representative, and my executor or administrator, I authorize the electronic deposit of my benefit payment to the account listed above. I agree to repay the Board of Pensions any benefit amount erroneously credited to my account, and I authorize the Board of Pensions to offset from any death benefit payable to my estate, survivors, designated beneficiaries, or heirs at law any amount erroneously credited to my account under this authorization. This agreement shall survive the termination of the direct deposit authorization.</p> <p>This authorization shall remain in effect until the Board of Pensions receives written notification from me of its termination in such a time and manner as to afford the Board of Pensions and the financial institution named above a reasonable opportunity to act on it.</p>	
Authorized signature (required)	Date (mm/dd/yyyy)
Direct Deposit If this form is being completed by a legal representative, include the supporting documents, if not previously submitted.	

Complete and email this form to the Board of Pensions at memberservices@pensions.org.
Questions? Call the Board at 800-773-7752 (800-PRESPLAN)



Emergency Assistance Application

(SHORT FORM)

Use this form to request Emergency Assistance grants up to \$1,000. Grants will be paid directly to the recipient in one lump sum.

Due to current circumstances, DO NOT mail this form to the Board of Pensions.
To avoid delays in processing, email your completed form to memberservices@pensions.org. If you need assistance emailing this form, please contact the Board at 800-773-7752 (800-PRESPLAN).

Employer		
Employer/Presbytery name	PIN	
Contact person	Daytime phone	
Address		
City	State	ZIP
Email address		

Applicant		
Full name	Last four digits of SSN	
Address		
City	State	ZIP
Email address		
Grant amount requested \$ _____		
Briefly describe reason for request		

Authorization	
Applicant's signature	Date (mm/dd/yyyy)

For official use only	
Grant #	Approved
Type	Board amt. \$

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