conEdison

Orange & Rockland

Direct Deposit for Retired Employees

AUTHORIZATION AGREEMENT

I authorize Con Edison to deposit my retirement check(s) each payday directly into my account. This authority will remain in force until I have given written notice that I have terminated it or until Con Edison has notified me that this deposit service has been terminated. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account, I authorize my bank to make appropriate adjustments.

☐ Discontinue my direct deposit

(Change of bank or account number)

☐ Pay by check until my new bank account is active

☐ Continue depositing my pay in the current account until the new bank account is active

Name_____ Emp. ID No._____

Home Phone (AreaCode)_(____)_____- _____

Home Address_____

_____

Signature_____Date_____/_____/_____

RETIRED PAYROLL DIRECT DEPOSIT

Please print or type in all information requested Each payday, please deposit my net retirement amount into the existing bank account listed below.

Bank_____

Branch Address_____

_____

Account No._____

☐ Checking ☐ Savings

ABA NUMBER (From your personal check)

|: |___|___|___|___|___|___|___|___|___| **|:**

Your ABA number appears at the bottom of your checks between the marking indicated above.
Attach the following, depending on the type of account involved:
-FOR EXISTING CHECKING ACCOUNT: A personal check with the word "VOID" written in large letters in ink across the face of it. Do not sign the check
-FOR EXISTING SAVINGS ACCOUNT: Go to your bank, and they will assist you in completing the authorization card.

* The bank you specify must be a member of an Automated Clearing House. Yours probably is, but if not, we will let you know so that you can make an alternate choice.

Mail completed form to: *Con Edison*
Treasury Operations
4 Irving Place - Room 201
New York, NY 10003

Or fax to: *(212)777-1496*

IMPORTANT: A voided check or savings account deposit slip must be attached to this request.