



## Instructions

**Prudential Retirement**  
PO Box 5410  
Scranton 18505-5410

**Call 1-800-833-5761  
for assistance.**

## About You

## COUNTY EMPLOYEES

$$| \quad | \quad | \quad - \quad | \quad | \quad | \quad + \quad | \quad | \quad | \quad | \quad |$$

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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Account Number \_\_\_\_\_

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

## Direct Deposit Information

## 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           

