

EFT Direct Deposit Form

This form can be returned by mail, email, or fax.

PHONE: 888-719-8932
FAX: 866-582-5080

Email: jpmorgan.benefit.forms@jpmchase.com

COMPLETE ALL APPLICABLE SECTIONS - OMISSION OF ANY PERTINENT INFORMATION WILL RESULT IN DELAYED PROCESSING

ACTION REQUESTED

Activate EFT or Change Banking Information

Cancel Direct Deposit - To cancel your current Direct Deposit and receive a paper check instead, please check this box

PAYEE'S EMPLOYER INFORMATION

Company Name	Pay Group Number (if known)
Magnus Distribution	

PAYEE INFORMATION

Last Name	First Name	Middle Initial	Social Security Number	
Mailing Address Line 1		City	State	Zip Code
84 Mayfield Avenue				
Mailing Address Line 2		Country	Phone Number with Area Code	
Edison NJ 08837			732-339-3266	

BANKING INFORMATION

Name of Financial Institution	Type of Account? Checking or Savings
JP Morgan Chase	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings

PLEASE SUBMIT A VOIDED CHECK (FOR CHECKING ACCOUNT) OR A DEPOSIT SLIP (FOR SAVINGS ACCOUNT) WITH THIS FORM.

ALIGN TOP OF VOIDED CHECK OR DEPOSIT SLIP TO TOP OF THIS SECTION

PLACE VOIDED CHECK (CHECKING) OR DEPOSIT SLIP (SAVINGS) HERE

***IF A VOIDED CHECK OR DEPOSIT SLIP CANNOT BE PROVIDED, PLEASE PROVIDE ACCOUNT NUMBER AND ABA ROUTING INFORMATION HERE:

ABA ROUTING NUMBER:	MUST BE 9 DIGITS AND CANNOT START WITH THE NUMBER '5'	021000021
ACCOUNT NUMBER:		734306145

Please read the following Authorization. By signing this form, you are agreeing to these Terms of EFT Authorization.

I hereby request that all retirement benefits due to me according to the plan for the company named in the body of this authorization form, be sent directly to the financial institution in the body of this form, for credit to my account. I acknowledge that the origination of Electronic Funds Transfer (EFT) transactions to my account must comply with the provisions of United States law and National Automated Clearing House rules.

If any payments are made to my account in error, I authorize JP Morgan Chase Bank, N.A. to initiate debit transactions to my account to correct the error. Additionally, if JP Morgan Chase Bank, N.A. should make a payment by Electronic Funds Transfer (EFT) or check, subsequent to my death, I hereby agree on behalf of my executors and administrators, that my estate will refund any such amount to JP Morgan Chase Bank, N.A.

By signing this form, I hereby authorize and direct the financial institution named in the body of this form to promptly return such payment to JP Morgan Chase Bank, N.A. upon the demand of JP Morgan Chase Bank, N.A. In the event such payment has already been credited to my account, I authorize and request the financial institution to charge my account and return the payment to JP Morgan Chase Bank, N.A.

This authorization will remain in full force until JP Morgan Chase Bank, N.A. has received written notification from me of its termination, in such time and such manner as to afford JP Morgan Chase Bank, N.A. a reasonable opportunity to act upon it.

AUTHORIZING SIGNATURE

The undersigned certifies that the information contained herein is accurate and complete. JPMorgan Chase Bank, N.A. is directed to initiate payments or debit transactions per the information and the Terms of the EFT Authorization as indicated above.

Participant Authorizing Signature	Printed Name	Date

INTERNAL USE ONLY

PSC has authenticated the person signing this form	Date