# DIRECT DEPOSIT AND TAX WITHHOLDING REQUEST FORM FOR PAYMENTS ADMINISTERED BY PENFLEX

**PLEASE COMPLETE THE ENTIRE FORM INDICATING WHICH SECTIONS YOU WISH TO CHANGE.**

## YOUR PERSONAL INFORMATION

_____ _____
Print Name Social Security Number

_____
Address City State Zip

_____ _____
Fire Department / District Phone Number

## DIRECT DEPOSIT INFORMATION

***Changes being made to this section? (Yes/No)*** _____

For deposit into a checking account, you must return a voided check. For deposit into a savings account, you must return an account statement or a signed letter on bank letterhead confirming the account title, account number and ABA routing number.
Please note that you may receive a check for the first and second payment before direct deposit begins.

Account Type: _____ Savings _____ Checking

Will the payment that is made via direct deposit pursuant to this authorization be forwarded across the U.S. border to a foreign financial institution through the ACH network on the same day that it is deposited into your account? _____ YES _____ NO (If no selection is made, we will assume NO.)

## FEDERAL/ STATE TAX WITHHOLDING INFORMATION

***Changes being made to this section? (Yes/No)*** _____

I wish to withhold the following percentage of my Service Award payment for **Federal taxes**: _____%.
*If line is left blank, no change will be made to Federal income tax withholding.*

I wish to withhold the following percentage of my Service Award payment for **State taxes**: _____%.
*If line is left blank, no change will be made to State income tax withholding.*

_____ _____
Signature Date

Please return this form to: Penflex, Inc.
50 Century Hill Drive, Suite #3
Latham, NY 12110

**Please note that depending on the paying agent, additional information may be required and some of the above may not apply. You will be contacted if this is the case.*

If you have any questions regarding the information on this form, please contact Penflex, Inc. at (800) 742-1409.