

## **Application for Electronic Direct Deposit**

**PBGC Form 710** 

Pension Benefit Guaranty Corporation. P.O. Box 151750, Alexandria, Virginia 22315-1750

For assistance, call 1-800-400-7242

Plan Name: FX.PrismCase.CaseTitle.XF Plan Number: FX.PrismCase.CaseIdNmbr.XF

Date Printed: 07/07/2021

Date of Plan Termination: FX.PrismCase.DOPT.XF

**INSTRUCTIONS:** Please complete this form to have PBGC send your pension benefit payments directly to your bank or other financial institution through electronic direct deposit (EDD). **Your name must be on the account.** If you have questions, call our Customer Contact Center at 1-800-400-7242. **Print clearly with blue or black ink.** 

Participant Name: FX.PrismCust.FullName.XF

General information about you								
Plan Name (as shown on check)								
Last Name			First Name					
Middle Name	Other Last Name(s) U	sed	,					
Social Security Number	PBGC Plan Number		/					
Mailing Address		Apartment	/ Route Number					
City		State	Zip Code					
Country		Email						
Daytime Phone	Extension	N Evenir	ng Phone					
-	x	(	)					

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Approved OMB 1212-0055 Expires \_\_\_\_\_

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Plan Number: FX.PrismCase.CaseIdNmbr.XF

Participant Name: FX.PrismCust.FullName.XF

2. Financial institution information - Please provide the information in this section to have your payment sent directly to a financial institution. The information is available from your financial institution or can be found on your checks, account statement or deposit slip. The sample check below shows the location of your ninedigit routing number and account number. If you are unsure of the routing number or your account number, contact your financial institution. You can cancel or change this arrangement by calling PBGC at 1-800-400-7242. The financial institution can cancel it by sending you a written notice.

SAMPLE CHECK	Da	10 te
Pay to the Order of		\$
Memo		802
●:012345678	1234567890	101
Routing Number	Account Number	Check Number

All fie	elds re	equi	red							
Name(s) on the Account (Your name must be on the account)										
Routing Number								Account Number – Numbers only	Account Type	
									Checking	Savings
<u> </u>	<u> </u>		_							

3.	Signature - I hereby authorize PB	GC to deposit my pension benefit	funds into my account.	I understand that I
	may change this election in the futu	re.		

SIGNATURE

DATE