



Pension Office  
P.O. Box 8121  
Hicksville, NY 11802-8121  
Tel: 516-464-0322  
Fax: 516-464-0367  
pension@ocapension.org

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## The Orthodox Church in America Pension Plan

Request for Benefits Direct Electronic Deposit

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Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Your name as it appears  
on your bank account: \_\_\_\_\_

*(Please note: We need the full and exact account name (initials, abbreviations, etc...))*

I request to receive my monthly OCA Pension benefit by direct electronic deposit. I am signing, dating and returning this completed form with a voided blank check from my account to request this action be initiated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form and a voided check to:

OCA Pension Office  
P.O. Box 8121  
Hicksville, NY 11802-8121

Please note that your first payment will be a paper check sent through the mail.  
All subsequent payments will be made by direct electronic deposit as you have requested above.