

# MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

7722 OFFICE PARK BOULEVARD - SUITE 200 BATON ROUGE, LOUISIANA 70809-7601  
TELEPHONE 1-800-443-4248 OR (225) 929-7411 – FAX (225) 929-6542



## INFORMATION ON DIRECT DEPOSIT

Enclosed is our direct deposit authorization form. Please complete ALL information requested and obtain the necessary signatures from your financial institution. Return the ORIGINAL to this office, along with a voided check to ensure use of the correct account number. Keep a copy for your records. DO NOT ALTER THE FORM IN ANY MANNER.

Requests received by the 8<sup>th</sup> of the month will be processed for the following month. Requests received after the 8<sup>th</sup> of the month will be processed for the second month after receipt.

**IMPORTANT:** In lieu of a monthly check stub being furnished, an Account Statement containing check stub information will be issued upon establishment of Direct Deposit and when a change is made to the net amount payable. You will not receive a statement every month. You should retain your Account Statements to serve as a check stub for each subsequent month's payment until you receive a new statement.

**IN THE EVENT YOU CHANGE FINANCIAL INSTITUTIONS AFTER ESTABLISHING ELECTRONIC DIRECT DEPOSIT, DO NOT CLOSE THIS ACCOUNT BEFORE YOU HAVE NOTIFIED OUR OFFICE OF THE CHANGE AND YOUR FINANCIAL INSTITUTION HAS ACTUALLY BEEN CHANGED IN YOUR RETIREMENT RECORD.**

**It is your responsibility and obligation to keep MPERS informed of any changes in your home mailing address in order for you to receive pertinent mailings from the retirement system, such as your annual Tax Form 1099R and newsletters.**

If you have any questions concerning this information, please contact MPERS office at 1-800-443-4248.

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(225) 929-7411 OR PH. (800) 443-4248 FAX (225) 929-6542

(R 10/98)

## AUTHORIZATION FOR DIRECT DEPOSIT

<b>SECTION I - NAME OF PAYEE</b>																			
I authorize and request the Municipal Police Employees' Retirement System (MPERS) to direct the net amount of my monthly benefit payment for crediting to my account at the financial organization designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. This authorization will remain in effect until cancelled by written notice from me to MPERS.																			
I authorize the bank to release to MPERS on request my current mailing address, the names, mailing addresses, if known, of any individuals authorized to sign on my account, and the names and addresses, if known, of individuals who have power of attorney to withdraw funds from my account.																			
If my death shall occur prior to the due date of any payment which shall have been made by MPERS in compliance with this request, the below mentioned financial organization will refund such payments to MPERS in accordance with the agreement annexed hereto.																			
I further authorize MPERS to initiate electronic funds transfer debit transactions to retrieve payment sent but not due in the event that my death occurred.																			
<b>SECTION II - RETIREE/PAYEE INFORMATION</b>																			
PAYEE NAME: LAST FIRST MI SUFFIX (JR., III etc.)						SOCIAL SECURITY NUMBER													
PAYEE MAILING ADDRESS: STREET/P.O. BOX						<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>													
CITY				STATE		ZIP		PAYEE TELEPHONE NUMBER											
PAYEE HOME ADDRESS: STREET ADDRESS ONLY (if different)				CITY				STATE		ZIP									
<b>SECTION III - FINANCIAL ORGANIZATION INFORMATION</b>																			
NAME OF FINANCIAL ORGANIZATION					BANK ACCOUNT NUMBER														
ADDRESS: STREET/P.O. BOX					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>														
CITY			STATE		ZIP		<input type="checkbox"/> Checking <input type="checkbox"/> Savings												
IS YOUR ACCOUNT AT THIS BANK A JOINT ACCOUNT?			SIGNATURE OF JOINT SIGNER (IF ANY)				RELATIONSHIP TO RETIREE/PAYEE												
yes <input type="checkbox"/> no <input type="checkbox"/>																			
ADDRESS OF JOINT SIGNER: STREET ADDRESS ONLY					SOCIAL SECURITY NUMBER OF JOINT SIGNER														
CITY					STATE		ZIP		JOINT SIGNER TELEPHONE NUMBER										
									(      )										
Payee's Signature _____						DATE SIGNED													
PAYEE'S SIGNATURE WITNESSED BY: _____						<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>													
Signature of Financial Officer _____			Signature of Financial Officer _____			MO   DAY   YR													
ACH ROUTING NUMBER					<input type="checkbox"/> Check here IF NOT MEMBER of the Automated Clearing House (ACH) System														
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>																			
<b>SECTION IV - FINANCIAL ORGANIZATION AGREEMENT ( To be executed by financial organization)</b>																			
In consideration of the Municipal Police Employees' Retirement System (MPERS) making payments in accordance with the foregoing request without requiring the personal endorsement of the payee, we hereby agree to repay and refund to MPERS on demand, subject to disposition required by law, the amount of any funds on deposit at the time of demand that are due MPERS by reason of death of the retiree. We further agree to accept the certification of MPERS as to the date of death of such payee as sufficient evidence of date of death.																			
DATED AT _____ THIS _____ DAY OF _____ 19____																			
(Bank Seal)																			
Signature & Title of Financial Officer _____			(      )			(      )			(      )										
Signature & Title of Financial Officer			Telephone Number			Toll Free Number													