



MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

7722 Office Park Boulevard Suite 200 Baton Rouge, Louisiana 70809-7601
Phone 800.443.4248 / 225.929.7411 Fax 225.929.6542 Web lampers.org

AUTHORIZATION FOR DIRECT DEPOSIT

SECTION 1: CONTACT INFORMATION

Name _____ Social Security Number _____
Mailing Address _____ City _____ State _____ Zip Code _____
Daytime Phone Number _____ Evening Phone Number _____ E-mail Address _____

SECTION 2: OLD ACCOUNT INFORMATION

TO BE COMPLETED ONLY IN EVENT OF CHANGE, NOT FOR SINGLE OR 1ST BENEFIT

Name and Address of Financial Institution _____
Type of Account: _____ Routing Number _____ Account Number (up to 17 digits) _____
Checking Savings

SECTION 3: NEW ACCOUNT INFORMATION

Name and Address of Financial Institution _____
Type of Account: _____ Routing Number _____ Account Number (up to 17 digits) _____
Checking Savings

Name of Joint Account Holder (if applicable) _____ Social Security Number _____

SECTION 4: PAYEE & JOINT ACCOUNT HOLDER'S SIGNATURE

I hereby authorize the Municipal Police Employees' Retirement System (MPERS) to direct the net amount of my monthly benefit payment to my account at the financial institution designated above. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. Upon my death, if payments have been deposited to my account that are not due, or if funds are credited to my account in error for any reason, I authorize: 1) MPERS to initiate electronic funds transfer debit transactions to retrieve those payments and 2) The financial institution (bank or credit union) to release to MPERS the status of my account, my current mailing address, the names and mailing addresses of any joint account holders, and the names and mailing addresses of individuals who have power of attorney relevant to those payments to withdraw funds from my account. If my death should occur prior to the due date of any payment that is made by MPERS in compliance with the Authorization for Direct Deposit, the named financial institution shall refund such payments to MPERS. I certify that I am entitled to the payment identified herein. Any joint signer, listed below, on the bank account accepts the responsibility of notifying MPERS of the death of the named Payee, and agrees to accept full responsibility for returning any funds to MPERS which were transmitted by MPERS to the account after the death of the Payee.

By signing below, I certify that I have read the provisions of this form, and fully understand the obligations contained herein.

Payee's Signature _____ Date _____

Joint Account Holder's Signature _____ Date _____

INSTRUCTIONS

This form authorizes direct deposits into your account and is to be used only for payments disbursed by the Municipal Police Employees' Retirement System (MPERS).

Deposits will be made by way of electronic funds transfer (EFT) from MPERS account to your account.

Please mail, fax, or email the completed form to MPERS.

COMPLETE FORM IN ITS ENTIRETY

For Section 2: **Old** Account Information (skip if getting 1st retirement benefit or one-time payment)

- a. Provide the complete name and address of the financial institution to which payments will be **cancelled**.
- b. Identify the type of previous account – either checking or savings.
- c. Enter the routing number for your previous bank (9 digits; can be found on the bottom of check, usually the first set of numbers).
- d. Enter the previous account number (up to 17 digits; can be found on the bottom of check, usually the second set of numbers).

Should the old account information not match current records with MPERS, no update will be made.

For Section 3: **New** Account Information

- a. Provide the complete name and address of the financial institution to which payments will be made.
- b. Identify the type of account – either checking or savings.
- c. Enter the routing number for your new bank (9 digits; can be found on the bottom of check, usually the first set of numbers).
- d. Enter the new account number (up to 17 digits; can be found on the bottom of check, usually the second set of numbers).

JOINT ACCOUNT HOLDERS

Joint account holders must immediately advise MPERS and the financial institution of the death of the payee. Funds deposited after the death of the payee must be returned to MPERS. After the death of the payee, joint account holders signing this form agree to be personally liable for any payments made to the financial institution which are not returned to MPERS.

PAYEE CANCELLATION INSTRUCTIONS

This authorization remains in effect until cancelled by written notice from the payee (or the legal representative, in the event of the death of the payee). You may change the designation of your financial institution by completing and submitting a new authorization form or updating online through your Member Portal.

HOLIDAYS AND WEEKENDS

Direct Deposits for monthly benefit payments will be in your bank or credit union on the first working business day of the month. If you have not received your direct deposit by the first working business day of the month, please contact MPERS in Baton Rouge at 225.929.7411 or toll free at 800.443.4248.