

MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

7722 OFFICE PARK BOULEVARD, SUITE 200

BATON ROUGE, LA 70809-7601

Telephone: (225) 929-7411 • Toll Free: (800) 443-4248 • Fax: (225) 929-6542

www.lampers.org

INFORMATION ON DIRECT DEPOSIT

Enclosed is our direct deposit authorization form. Please complete all information as requested and obtain the necessary signatures on the agreement from your financial institution. Return the ORIGINAL to this office, with a voided check to ensure use of the correct account number. You may wish to make a copy for your records. PLEASE COMPLETE ALL INFORMATION AND DO NOT ALTER THE FORM IN ANY MANNER.

Requests received by the 8th of the month will be processed for the following month. Requests received after the 8th of the month will be processed for the second month after receipt. If your financial institution does not accept electronic transfers, a paper check will be mailed to that institution for deposit to your account.

IMPORTANT: In lieu of a monthly check stub being furnished, an ACCOUNT STATEMENT containing check stub information will be issued only upon establishment of direct deposit and when a change is made to the net amount payable. You must retain the ACCOUNT STATEMENT to serve as a check stub for each subsequent month's payment until a change occurs, in which case a new ACCOUNT STATEMENT will be issued.

NOTE: *In the event you change financial institutions after establishing electronic direct deposit, do not close this account before you have notified MPERS 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 other pertinent mailings from MPERS, such as your annual Tax Form 1099R.

If you have any questions concerning the above informations, please contact this office at 1-800-443-4248.

DIRECT DEPOSIT FORM ON BACK

MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

7722 OFFICE PARK BOULEVARD, SUITE 200

BATON ROUGE, LA 70809-7601

Telephone: (225) 929-7411 • Toll Free: (800) 443-4248 • Fax: (225) 929-6542

www.lampers.org

AUTHORIZATION FOR DIRECT DEPOSIT

SECTION I - AUTHORIZATION STATEMENT

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 transfers or debit transactions to retrieve payments sent but not due in the event that my death occurred.

SECTION II - RETIREE/PAYEE INFORMATION

PAYEE NAME: LAST FIRST MI SUFFIX (JR., III etc.)				SOCIAL SECURITY NUMBER			
PAYEE MAILING ADDRESS:				[SSN Grid]			
CITY		STATE	ZIP	PAYEE TELEPHONE NUMBER ()			
IS YOUR ACCOUNT AT THIS BANK A JOINT ACCOUNT? yes <input type="checkbox"/> no <input type="checkbox"/>		PRINTED NAME OF JOINT SIGNER (IF ANY)			RELATIONSHIP TO RETIREE/PAYEE		
ADDRESS OF JOINT SIGNER:				SOCIAL SECURITY NUMBER OF JOINT SIGNER			
[Address]				[SSN Grid]			
CITY		STATE	ZIP	JOINT SIGNER TELEPHONE NUMBER ()			

SECTION III - FINANCIAL ORGANIZATION INFORMATION

NAME OF FINANCIAL ORGANIZATION			BANK ACCOUNT NUMBER							
ADDRESS: STREET/P.O. BOX			[Bank Account Number]							
CITY			STATE	ZIP	<input type="checkbox"/> Checking <input type="checkbox"/> Savings			ACH ROUTING NUMBER		
[City]			[State]	[Zip]	[Routing Number]			[Routing Number]		
<input type="checkbox"/> Check here IF NOT MEMBER of the Automated Clearing House (ACH) System										

SECTION IV - FINANCIAL ORGANIZATION AGREEMENT (To be executed by financial organization)

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 _____ 20____
(Bank Seal/Stamp)

Signature & Title of Financial Officer Telephone Number

PAYEE SIGNATURE: _____ DATE: _____

JOINT SIGNER SIGNATURE: _____ DATE: _____