



AUTHORIZATION FOR DIRECT DEPOSIT OF FLEXCOMP REIMBURSEMENTS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 53852 (10-2010)

**NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657
 (701) 328-3900 or (800) 803-7377 • Fax: (701) 328-3920**

PART A PARTICIPANT INFORMATION (Must Be Completed By Employee)

Employee Name (Last, First, MI)	PeopleSoft Employee ID (Required)	NDPERS Member Id
Last Four Digits of Social Security Number		Date of Birth

This form must be completed by employee's paid through their agency's payroll system.
 I authorize the North Dakota Public Employees Retirement System (NDPERS) and the financial institution named on this form to initiate electronic funds transfer (EFT) of my FlexComp reimbursements to my account indicated below. I consent to the financial institution sharing my customer information with NDPERS for the purpose of completing the EFT arrangement.

Checking Account Number: _____

Savings Account Number: _____

I have read the information in its entirety, including the back page and I agree to the terms listed on this authorization.
 This authorization will remain in effect until I notify NDPERS in writing to cancel it in such time as to afford NDPERS a reasonable opportunity to act on it.

 Signature of Participant

 Date Signed

**PLEASE TAPE YOUR VOIDED CHECK HERE.
 Your check must have your account number pre-printed
 by your financial institution.**

INSTRUCTIONS AND CONDITIONS

IMPORTANT NOTICE - This form is to be used only if you are employed by a participating employer whose payroll system is not integrated with the ND Office of Management and Budget (OMB) payroll system.

If you wish to have your FlexComp reimbursements sent to your financial institution for deposit into your bank account, you must complete this form to authorize this action. The North Dakota Public Employees Retirement System will forward these payments to the point you authorize. The financial institution may be any bank, savings and loan association or similar institution, or Federal or State chartered credit union.

**THIS FORM ONLY AUTHORIZES DEPOSITS INTO YOUR ACCOUNT.
IT DOES NOT AUTHORIZE WITHDRAWALS FROM YOUR ACCOUNT.**

PART A PARTICIPANT INFORMATION

New Participants: NDPERS will issue an Employee Identification Number upon receipt of this form and your FlexComp Enrollment form.

Current Participants: Your Employee ID Number can be found on your FlexComp reimbursement check or direct deposit advice.

Check the type of account and print account number for the account in which this payment is to be deposited

Sign and date the form

Attached your voided check.

CANCELLATION INSTRUCTIONS

When entered in your record with the North Dakota Public Employees Retirement System, this authorization will remain in effect until canceled by written notice by you to the North Dakota Public Employees Retirement System. The financial institution should also be notified if you cancel this agreement.

The financial institution may cancel their agreement by providing you a written notice 30 days in advance of the cancellation date. You must advise the North Dakota Public Employees Retirement System if this authorization is canceled. The financial institution cannot cancel this authorization by advice to the North Dakota Public Employees Retirement System.