

Missouri State Employees' Retirement System PO Box 209 Jefferson City, MO 65102 Phone: (573) 632-6100 (800) 827-1063 Fax: (573) 632-6103

DIRECT DEPOSIT AUTHORIZATION

An incomplete or altered Direct Deposit Authorization form will not be accepted.

Please complete a separate Direct Deposit Authorization if you:

- Receive more than one type of benefit payment from MOSERS.
- Would like the payments deposited in different accounts.





Online Form Available

Instructions: 1) Complete and sign form. 2) Attach a voided check or deposit slip (samples on back). 3) Mail it to MOSERS.

BENEFIT RECIPIENT INFORMATION				
Social Security or Member Number:	Name: (Last)	(First)	(MI)	
PO Box/Street Address:	City	State	Zip Code	
Work Phone Number:	Home Phone Number:	E-mail Address:		
()	()			
Employee Classification:	Regular State EmployeeImage: Constraint of the state of th	Judge D Administrative I Legislator	aw Judge or Legal Advisor	
Type of Benefit Payment:				
NOTE: Detailed information regarding your monthly benefit payment will be readily available through the secured "Member Login" area of our website (www.mosers.org). A letter will be mailed to you only when the amount of your benefit payment changes. Generally, the amount changes for one of the following reasons: COLAs, insurance premiums, tax withholdings, or other deductions.				
BANK/FINANCIAL INSTITUTION INFORMATION (see sample check on reverse side of form)				
Bank Routing Number (ABA Number):		Bank Account Number:		
Type of Account: Checking	Savings	Bank Phone Number: ()		
Name of Bank or Financial Institution:				
PO Box./Street Address:				
City		State:	Zip Code:	

BENEFIT RECIPIENT SIGNATURE

I hereby authorize the Missouri State Employees' Retirement System (MOSERS) to initiate credit entries to my checking or savings account (as indicated above) at the depository financial institution named above and to credit the same to such account. This authorization is not an assignment of my right to receive such payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization hereby revokes all prior payment directions given to MOSERS. This authorization is to remain in full force and effect until MOSERS has received written notification of its termination from me or anyone with legal authority to act on my behalf.

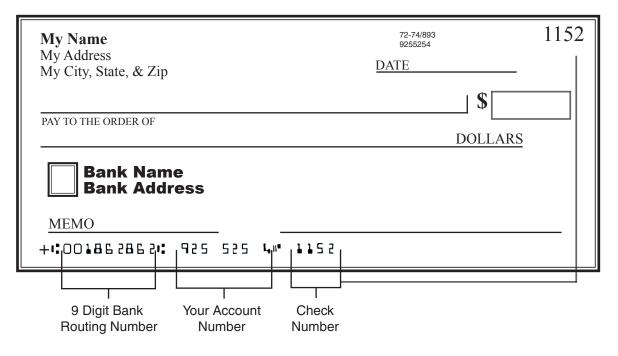
Benefit Recipient's Signature:*	Date:

*Must be signed by the member, benefit applicant, authorized agent under Section 104.1093, RSMo, authorized agent under a power of attorney, conservator, or guardian. If an agent under a power of attorney completes and signs the form, a certified copy of the power of attorney must be attached (unless on file at MOSERS). If a court appointed conservator or guardian completes and signs the form, a certified copy of the appointment must be attached (unless on file at MOSERS). 6/06

For Your Convenience:

The sample check and deposit slip below show where to locate the required bank information to complete your *Direct Deposit Authorization*.

Sample Check



Sample Deposit Slip

ISIOWS WENT.	DEPOSIT TICKET	CASH
CABLE COLLECTIO THE PROVI	My Name My Address My City, State, & Zip	
DHEXXS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISION OF THE UNITORN COMMERCIAL CORE OF ANY APPLICABLE COLLECTION AGREEMENT.	DATE DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL SIGN HERE IF CASH RECEIVED FROM DEPOSIT Account routing number 001862898 Bank Name Bank Address	OR TOTAL FROM OTHER SIDE
	·: 001862862 : 925 525 4 "	
	9 Digit Bank Your Account Routing Number Number	Note: Your bank may use different routing number for deposits. If your deposit slip has this notation, use this routing number for your direct deposit.